K210001744045

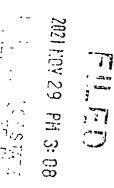
(Requestor's Name)
(Address)
(1.2.1.423)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instituctions to Fining Officer.

Office Use Only



000377069750

11/29/21--01003--018 **25.00



Y. SCOTT DEC 12 2021

COVER LETTER

TO:

TO: Registration So Division of Cor			
ARAV RA SUBJECT:	NSPORT LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ARMAANDO A, AVALO	OS .	202
		Name of Person	2021 NOV 29
		Firm/Company	
	20004 NW 54 CT		PH 3: 00
		Address	90
	MIAMI GARDENS, FL 3	3055	
	armandomolinaa@gmail.cc	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
ARMANDO A. AVALO	os .	786 238-6522	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARAV RANSPORT LLC	The Control of the Co	
(A Floric	lity Company as it now appears on our records la Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability (Florida document number L21000174045	Company were filed on <u>04/14/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
ARAV TRANSPORT LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation 3L.L.C."
Enter new principal offices address, if applicable:		3 T
Principal office address MUST BE A STREET ADD	RESS)	20 1
Enter new mailing address, if applicable:		PH 3.
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registerengent and/or the new registered office address here:	ed office address on our records, <u>enter t</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager AMBR = Authorized Member

P ARMANDO A ATTROO	□Add ■Remove □Change
20004 NW 54 CTMIAMI GARDENS, FL 33055	Change
P ARMANDO A AVALOS MOLIN A 20004 NW 54 CTMIAMI GARDENS, FL 33055	
P ARMANDO A AVALOS MOLINA 20004 NW 54 CTMIAMI GARDENS, FL 33055	_≘Add
<u></u>	_ □Remove
	Change
	DAdd=
	Remove
	[] Add
	□Remove
	□ Change
	□ Add
	Remove
	Change
	□Add
	□Remove
	Change

		 .			
				<u> </u>	
	_		<u> </u>		
	_				
		<u> </u>		 -	
			_	-	
		_			
	 ;			~	
			<u>.</u>	2021	
				AG:1	1
		_		29	
					<u> n </u>
			<u>्र</u> ाक	<u>ب</u>	
			•••	30	
				-	
Suratura di la 1874) al la 1874					
Tective date, if other than the date of filing:	or to date of fil	ing or more than ^o	(optional) 0 days after filing.)	Pursuant to	605,020
te: If the date inserted in this block does not meet the applicument's effective date on the Department of State's records	cable statute s.	ory filing require	ments, this date v	vill not be	listed a
ecord specifies a delayed effective date, but not an effective t is filed.	time, at 12;t	I a.m. on the ea	rlier of: (b) The	90th day	after th
NOVEMBER 20 2021	\ ·				
10 u l)				_
Signature of a member or put					

Filing Fee: \$25.00