

L21000 191449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

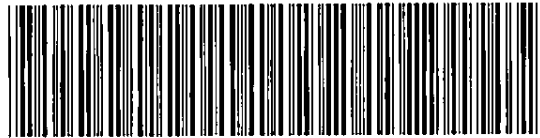
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200402662132

2023 FEB 28 AM 10:33

RECEIVED

2023 FEB 28 PM 12:51

RECEIVED

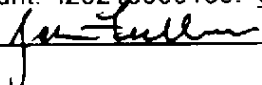
ALABAMA

A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z. 0. 1. 2. 3. 4. 5. 6. 7. 8. 9.

MAR - 1 2023

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: I20210000160: \$ 25.00

Authorization Signature: 

Xcess Concierge Solutions LLC

L21000191449

**BUSINESS NAME** **DOCUMENT #**

     Certified Copy of Articles of Organization

     Certificate of Status

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
     Limited Liability  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

**AMMENDMENTS**

  X   Amendment  
     Resignation of R.A. Officer/Director  
     Change of Registered Agent  
     Dissolution  
     Merger  
     **Conversion**  
     **Amended and restated Articles**  
     **Statement of Authority**

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     APOSTILLE       
                    Country

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement  
     Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Xcess Concierge Solutions, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annunzio Morel, Esq.  
Name of Person

Morel Transportation Solutions LLC  
Firm/Company

8570 Sterling Rd. Ste. 311  
Address

Hollywood, FL 33024  
City/State and Zip Code

Morel Transportation Solutions (LLC)@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Annunzio Morel at 744 612 6695  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                     |                                                                                             |                                                                                                                    |
|--------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copies to enclose) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copies to enclose) |
|--------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2023 FEB 28 AM 10:33

Xcess Concierge Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company.)

The Articles of Organization for this Limited Liability Company were filed on 2/27/23 and assigned  
Florida document number 221000191449

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

More Transportation Solutions LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8570 Stirling Rd. Ste. 311  
Hollywood, FL 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8570 Stirling Rd. Ste. 311  
Hollywood, FL 33024

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

MGR = Manager  
AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 (If an effective date is listed, the date must be later than the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statute, the filer must insert the date of filing.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

2/27/2025

Signature of a member or authorized representative of a member

Анатолий Шолох

Typed or printed name of signee