## L21000227075

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## **COVER LETTER**

	gistration Sectivision of Corp				, •
eud irat.	EQUIPMEN	TS & TRANSPORT SERVIC	CES, LLC		
SUBJECT		Name of Limi	ited Liability Company		
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please retur	n all correspon	dence concerning this matter	to the following:		
		CARLOS TARRA			
			Name of Person		
			Firm/Company		
		H109 BAGLEY ALY			
			Address		
		WINDERMERE, FL 3478	6		
			City/State and Zip Code		
		carlos_tarra@yahoo.com			
		E-mail address: (t	to be used for future annual	report notification)	
For further	information co	ncerning this matter, please ca	all:		
Carlos Tarr	a		239 300 at ( )	0-5738	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is	a check for the	following amount:			
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy tadditional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>M:</u>	ailing Address		Street Ac	ddress:	

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

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

EOUIPMENTS & TRANSPORT SERVICES, 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 5/17/2021 and assigned Florida document number 1.21000227075 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" N/A Enter new principal offices address, if applicable: ات (Principal office address MUST BE A STREET ADDRESS) رت : 11 N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:  $N/\Lambda$ Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_\_

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CARLOS TARRA	11109 BAGLEY ALY	<b>≣</b> Add
		WINDERMERE, FL 34786	□Remove
			□Change
MGR	JORGE ROA	11903 SW 241 ST	
		MIAMI, FL 33032	■Remove
			□Change
			Remove
		<del></del>	□Change
<u>-</u>	<del></del>		
		<del></del>	Remove
			Change
<del></del>	<u>.                                    </u>	<u> </u>	□Add
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Effective date if other than the date of filing:	(optional)
Effective date, if other than the date of filing:	o date of filing or more than 90 days after filing.) Pursuant to 605.02
document's effective date on the Department of State's records.	5.0 Similar y mang 104 milarahan mana 2
e record specifies a delayed effective date, but not an effective tin rd is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after th
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Dated AUGUST 24TH	_·
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Capella de	

Filing Fee: \$25.00