L21000227214

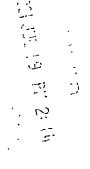
(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	· MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900369806559

07/19/21--01024--006 **25.00



8/4/2/

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Elite Dependa ble Transportation</u> and Name of Limited Liability Company	110
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MUVIE M AUGUSTE	
Elile Care and Gransportation	
150 S. Orange Blossom Trail. Address dulte 133	
Ov lando, Fl 32805 City/State and Zip Code Olitedependable transportation og mail E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Murie M. Auguste at 401 969-1595	
Name of Person Area Code Daytime Telephone Number	•
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ \$\times \text{S25.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$\times \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$\$\$\$\$\$	atus &

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

OF

Name of the Limited Liability Compa			C
(Name of the Limited Liability Compa (A Florida Limited I.	Liability Company)	on our records.	,
The Articles of Organization for this Limited Liability Company Florida document number <u>L2/000 22726</u> 4	were filed on	5/17/2	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		···	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			<u>}</u>
	<u> </u>		
New Registered Office Address:	Enter Florida	street address	
-:	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			un
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete puccept the obligations of my position as registered agent as prepeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my covided for in Cha	v duties, and I am fo upter 605, F.S. Or. i	amiliar with and If this document is

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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Marie M Auguste		
		750 S. Orunge Blossom - Orlando Florida 32805	- □Remove
1 m 12 12	Maria Holacet.	750 & Orunge 010550m 74 Driando +1 32805	Change
#111015	May e Mr agable	- Orlando F/ 37805	DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
 .			[Add
			_ □Remove
			□Change
<u>_</u>			_ DAdd
			_ 🗆 Remove
			□ Changa

					
	-				
					
					
		···-		·	
	» = · · · ·				
				,	,
					·
					
		· · · · · · · · · · · · · · · · · · ·	·		
ective date, if other	than the date of filing	p:		(optional)	
te: If the date inserted	than the date of filing the date must be specific and the in this block does not not ton the Department of S	neet the applicable s	e of filing or more than statutory filing requir	90 days after filing.) Prements, this date wi	ursuant to 605,0203 If not be listed as
					- 7
ecord specifies a delayers filed.	ed effective date, but not	an effective time, a	t 12:01 a.m. on the e	artier of: (b) The 9	Oth day after the
Λ	1 .	0001			
ted	uly 10.	2021			-13
	Marie	member or authorized	Auguste representative of a mer	nher	
	Murie		19USTE.	H/CI	

Filing Fee: \$25.00