

L21 000 251 336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

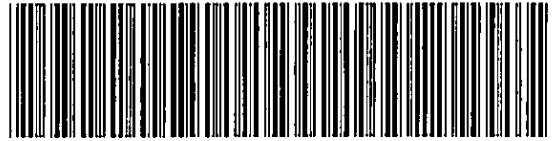
(Business Entity Name)

(Document Number)

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

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*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2023

IVAN PASTOR  
20719 NW 3RD ST  
PEMBROKE PINES, FL 33029

SUBJECT: EXECUTIVE TRANSPORT, LLC  
Ref. Number: L21000251336

We have received your document for EXECUTIVE TRANSPORT, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L22000215924.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

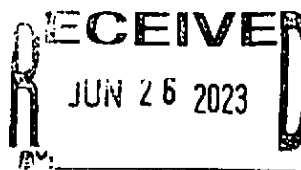
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 023A00011499

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[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Executive Transport, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following

Ivan Pastor  
Name of Person

Executive Transport, LLC  
Firm/Company

18459 Pines BLVD Suite 477  
Address

Pembroke Pines, FL 33029  
City/State and Zip Code

info@executiveinvestmentsgroup.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Ivan Pastor at (305) 504 7966  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

2023 JUN 26 PM 4:15

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Executive Transport, 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 May 28<sup>th</sup>, 2021 and assigned  
Florida document number LC210002513310

This amendment is submitted to amend the following

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

Executive Ventures 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)

18459 Pines BLVD Suite 477  
Pembroke Pines, FL 33029

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18459 Pines BLVD Suite 477  
Pembroke Pines, FL 33029

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

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

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2023 JUL 26 PM 4:15

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>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove
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_____	_____	_____	Remove
_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Change

2023 JUN 26 PM 4: 16

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

Amending Name: Executive Ventures, LLC

Amending Address: 18459 Pines Blvd Suite 472  
Pembroke Pines, FL 33029

2023 JUN 26 PM 4:16

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)

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 June 14<sup>th</sup> 2023

Signature of a member or authorized representative of a member

Ivan Pastor

Typed or printed name of signee

Filing Fee: \$25.00