

121 000 304 985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip, Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

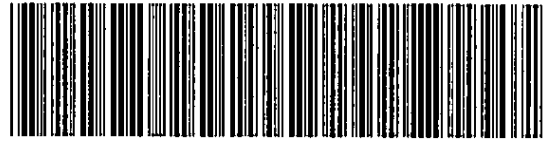
(Business Entity Name)

(Document Number)

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2021 JUL 19 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

AUG - 4 2021  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Transport Dispatcher123 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:

Caridad Suarez Santos

\_\_\_\_\_  
Name of Person

Transport Dispatcher123 LLC

\_\_\_\_\_  
Firm/Company

314 Dania ST

\_\_\_\_\_  
Address

Lehigh Acres FL 33936

\_\_\_\_\_  
City/State and Zip Code

transportdispatcher123@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caridad Suarez Santos

239 309-8704  
at ( )

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Transport Dispatcher123 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 07/02/2021 and assigned  
Florida document number L21000304985.

This amendment is submitted to amend the following:

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

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:**

314 Dania ST

**(Principal office address MUST BE A STREET ADDRESS)**

Lehigh Acres FL 33936

**Enter new mailing address, if applicable:**

314 Dania ST

**(Mailing address MAY BE A POST OFFICE BOX)**

Lehigh Acres FL 33936

**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:

Caridad Suarez Santos

New Registered Office Address:

314 Dania ST

*Enter Florida street address*

Lehigh Acres

Florida 33936

*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 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>
MGR	Caridad Suarez Santos	314 Dania ST	<input checked="" type="checkbox"/> Add
		Lehigh Acres FL, 33936	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Damaris Suarez Blanco	2812 33rd ST W	<input checked="" type="checkbox"/> Add
		Lehigh Acres FL, 33971	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

Claudia

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**