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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MONAGA ACCOUNTING ASSOCIATES, INC

Account Number : 120160000095 Phone : (239)259-7483 Fax Number : (239)280-1269

**Enter the enail address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Ensil Address: ailinamonagaacoounting. Com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION TRANSCAR FL LLC

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OFFICE STORIES

T. LEMIEUX APR 17 2024

COVER LETTER

	tion Section of Corporations			
	ANSCAR FL LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.			
Please return all co	orrespondence concerning this matter to the following:			
	AILIN RODRIGUEZ			
	Name of Person			
	MONAGA ACCOUNTING ASSOCIATES INC			
Firm/Company				
1919 COURTNEY DRIVE SUITE 10A				
	Address			
	FORT MYERS, FLORIDA 33901			
	City/State and Zip Code			
	AILIN@MONAGAACCOUNTING.COM E-mail address: (to be used for future annual report notification)			
For further inform	nation concerning this matter, please call:			
AILIN RODRIGI				
	Name of Person Area Code Daytime Telephone Number			
Enclosed is a chec	ck for the following amount;			
□ \$25.00 Filing	Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

TRANSCAR FL LLC							
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears on liability Company)	our records.)				
The Articles of Organization for this Limited Li Florida document number L21000310660	ability Company	were filed on JULY	7 2021	_ and assi	gned		
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name of	the limited liabi	llity company here:					
ALBERTO MONTANO SERVICES LLC							
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the desig	nation "LLC" or the abbre	viation "L.1	"C."		
Enter new principal offices address, if applic	able:				······································		
(Principal office address MUST BE A STREE	T ADDRESS)						
Enter new mailing address if applicables		1807 E 7TH ST	, , , , , , , , , , , , , , , , , , ,				
Enter new mailing address, if applicable:		LEHIGH ACRES, FLORIDA 33972					
(Mailing address MAY BE A POST OFFICE)	<u>BUX)</u>			20			
B. If amending the registered agent and/or r		iddress on our reco	rds, enter the name (registere		
agent and/or the new registered office addres	ss here:			.			
Name of New Registered Agent:	MONAGA AC	COUNTING ASSOC	IATES INC	- 	<u>: :</u> ز		
New Registered Office Address:	1919 COURTN	1919 COURTNEY DRIVE SUITE 10A		2			
		Enter Florida	street address	1			
	FORT MYERS		, Florida 3390	1			
		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.

Changing Registered Agent, Signature of New Degistered Agent

□ Change

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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		<u> </u>	□Remove
			□Change
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If an effective Note: If the	date is listed, the date inserted:	han the date of e date must be spec in this block does on the Departme	ific and cannot be	prior to date of	filing or more that	(optionan 90 days after the uirements, this	nal) iling.) Pursuant to 6 date will not be li	05.0207 (sted as t
	cifies a delayed	l effective date, b	out not an effecti	ve time, at 12	2:01 a.m. on th	e earlier of: (b)	The 90th day af	ter the
e record spec rd is filed.								
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Filing Fee: \$25.00