

05/23/2021 MON 14:32 FAX 2001/005  
**L 21000328311**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : MAS INSURANCE & ACCOUNTING LLC  
Account Number : I20170000039  
Phone : (407)301-2659  
Fax Number : (407)846-0320

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

Email Address: brenda.mas@aol.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ORTIZ FAMILY TRANSPORT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 AUG 23 03:34

SECURITY DIVISION  
TALLAHASSEE, FLORIDA

2021 AUG 23 AM 10:04  
FILED  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORTIZ FAMILY 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:

ERNESTO X GONZALEZ ORTIZ

Name of Person

Firm/Company

3510 BELLEWOOD CT

Address

SAINT CLOUD FL 34772

City/State and Zip Code

BRENDA.MAS@AOL.COM

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

For further information concerning this matter, please call:

BRENDA MAS

407 3012659  
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

ORTIZ FAMILY 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 07/19/2021 and assigned  
Florida document number L21000328311.

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:

(Principal office address MUST BE A STREET ADDRESS)

3510 BELLWOOD CT

ST CLOUD FL 34772

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3510 BELLWOOD CT

ST CLOUD FL 34772

**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 \_\_\_\_\_  
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>
AMBR	LEINLISSEE M VELEZ CAMACI	1040 TOURMALINE DR	<input type="checkbox"/> Add
		SAINT CLOUD FL	<input checked="" type="checkbox"/> Remove
		34771	<input type="checkbox"/> Change
AMBR	ANTHONY ORTIZ QUINONES	1040 TOURMALINE DR	<input type="checkbox"/> Add
		SAINT CLOUD FL	<input checked="" type="checkbox"/> Remove
		34771	<input type="checkbox"/> Change
AMBR	ERIK J ORTIZ VELEZ	5116 CHICKADEE ST	<input type="checkbox"/> Add
		SAINT CLOUD FL	<input checked="" type="checkbox"/> Remove
		34771	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 08/20/2021 (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 AUGUST 20 2021

Eugene H. Hays  
Signature of a member

Signature of a member or authorized representative of a member

ERNEST X GONZALEZ ORTIZ

Typed or printed name of signee

2021 AUG 23 AM 10:04  
STATE OF FLORIDA  
CLERK OF THE COURT