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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

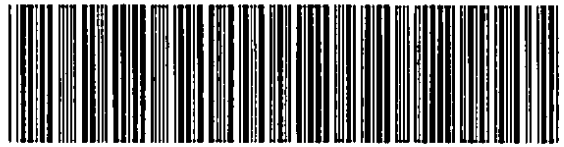
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SECRETARY OF STATE
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rodriguez Transportation Services 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:

Omar Lewis
Name of Person

Firm/Company

965 SW Ave D Apt 1
Address

Belle Glade FL 33430
City/State and Zip Code

lovejones38@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Omar Lewis at (561) 481 3507
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

(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 8/3/71 and assigned
Florida document number L21000348456

This amendment is submitted to amend the following:

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

Estupendo Transportation Services 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)

965 SW Ave D Apt. 1
Belle Glade, FL. 33430

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

965 SW Ave D Apt. 1
Belle Glade, Florida 33430

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:

OMAR Lewis
965 SW Ave. D Apt. 1
Enter Florida street address
Belle Glade, Florida
City
33430
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.

OMAR Lewis
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>
<u>MGR</u>	<u>Omar Lewis</u>	<u>965 SW Ave D Apt 1</u>	<input checked="" type="checkbox"/> Add
		<u>Belle Glade, Fl. 33430</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Fed Joseph</u>	<u>965 SW Ave. D Apt 1</u>	<input checked="" type="checkbox"/> Add
		<u>Belle Glade, Fl. 33430</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Dustyn Manuel</u>	<u>965 SW Ave. D Apt 1</u>	<input checked="" type="checkbox"/> Add
		<u>Belle Glade, Fl. 33430</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Omar Rodriguez</u>	<u>8020 North Miami Ave</u>	<input type="checkbox"/> Add
		<u>Miami, Fl. 33150</u>	<input checked="" 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.)

N/A

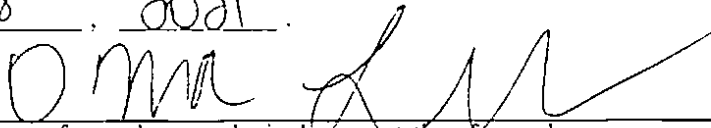
E. Effective date, if other than the date of filing: N/A (optional)

(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 November 18, 2021.


Signature of a member or authorized representative of a member

OMAR Lewis
Typed or printed name of signee