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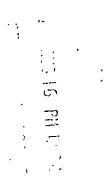
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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08/16/21--01051--003 **25.00



8/26/21

COVER LETTER

	tion Section of Corporations				
SUBJECT:	Desimo Transport, LLC				
3013)EC1.	N	ame of Limited Lie	ability Company		
The enclosed Arti	cles of Amendment and fee	(s) are submitted	for filing.		
Please return all co	orrespondence concerning t	his matter to the	following:		
		Ismac	el & Destiny Peral	es	
			Name of Person		4-4-
			Firm/Company		
		3	705 SW 12th CT		
			Address		
			Lauderdale, FL 3		
		_	State and Zip Code oTransport@gma		
	E-mai		ed for future annual		on)
For further inform	ation concerning this matter	r. please call:			
De	stiny A. Perales		954 at ()	861-8647	
	Name of Person		Area Code	Daytime Tele	phone Number
Enclosed is a chec	k for the following amount:				
■ \$25.00 Filing	Fee \$30.00 Filing I Certificate of	Status	\$55.00 Filing Fee Certified Copy (additional copy is en		□ \$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

Des	imo Transport, LLC	,	11.
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
he Articles of Organization for this Limited Liab	pility Company were filed on	August 6, 2021	and assigned
lorida document number			
his amendment is submitted to amend the follow	ving:		
a. If amending name, <u>enter the new name of t</u>	he limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the de	esignation "LLC" or the a	obreviation "L.L.C."
nter new principal offices address, if applicat	ole:		
Principal office address MUST BE A STREET	ADDRESS)	_ _	·-
inter new mailing address, if applicable:		·	
Mailing address MAY BE A POST OFFICE BO	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
 If amending the registered agent and/or reg gent and/or the new registered office address 		cords, <u>enter the nan</u>	e of the new regist
eent and/or the new registered office address	<u>oere</u> :		
Name of New Registered Agent:	Destiny A. Perales	····	
New Registered Office Address:	3705 SW 12th CT		
	Enter Flori	da street address	
	Fort Lauderdale	, Florida ³³	312
	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>	Address	Type of Action
MGR	Ismael Perales	3705 SW 12th CT Fort Lauderdale, FL 33312) X Add
			□ Remove
			□Change
MGR	Destiny A. Perales	3705 SW 12th CT Fort Lauderdale, FL 33312	□Add
			□Remove
			XChange
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
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 ed.
Dated _	August 9, 2021.
	Signature of a member or authorized representative of a member
	,
	Destiny A. Perales Typed or printed name of signee

. . . .