## LZ1000312303

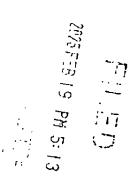
(Requestor's Name)	
(Address)	-
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M.	AIL
(Dunings Frain, Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	<del></del>
Special Instructions to Filing Officer:	
opedar marraerons to rining officer.	

Office Use Only



800444999708

02/19/25--01031--016 \*\*25.00



## **COVER LETTER**

TO:

	Registration Se Division of Cor			
CHD IEC		URY TRANSPORTATION L	LC	
SUBJEC	1:	Name of Lim	ited Liability Company	<del>, , , , , , , , , , , , , , , , , , , </del>
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		COREY PARKER		
			Name of Person	
			Firm/Company	
Division of Corporations  SOAL LUNURY TRANSPORTATION 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:  COREY PARKER  Name of Person  Firm/Company  5025 LADY BELL DRIVE  Address  ORLANDO FL 32811  City/State and Zip Code  coreyp81@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  COREY PARKER  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array}{c} 321 & 888-7060 & \				
		ORLANDO FL 32811	Address	
		<del></del>	City/State and Zin Code	
For furthe	er information c		·	tification)
			321 888-7060	
<del></del>	Name o	( Person	Area Code Daytir	me Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.€	00 Filing Fee		Certified Copy	Certificate of Status &
	Mailing Addres Registration S			ection
	Registration s Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	-
	Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOAI LUXURY TRANSPORTATION LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 8/12/2021	and assigned
Florida document number L21000362303	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
SOAI DELIVERY AND MOVERS LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	2ñ2
		77
		<u>ज</u>
Enter new mailing address, if applicable:		ω . []
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
		(, W
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the nam</u>	ie of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	unter r torida street address	
	, Florida	Zip Code
	Cuy	ыр Спае

## 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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
	<del></del>		□ Add
			□Remove
		□Change	
			□Add
			□Remove
			□Change
		□Add	
			□Remove
		<del> </del>	
		□Add	
			□Remove
			□Change
			□Add
		□Remove	
		<del></del>	□Change
<del></del>			
			□Remove
			□Change

				· · · ·
	-			
<del></del>				· · · · · ·
<del></del>				
		11/1		
<u>-</u>				
<del></del>	<u> </u>	· ·		
ffective date, if other than the d an effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Dep	e specific and cannot be prick does not meet the appl	icable statutory filing		
record specifies a delayed effective list filed.	date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The	90th day after the
ated FEBRUARY 13	2025			
	Cfar	<b></b>		
	6170			
S	gnature of a member or aut	horized representative o	f a member	

Filing Fee: \$25.00