## L21 000 380 28U

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Dox	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900395917729

10/18/22-+01018--025 \*+25.08

R. HUNT

ARY CE STATE

## **COVER LETTER**

SUBJECT:Z	ABETAKIS TK	強いSPOにてS として ited Liability Company		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	NICHOL/	95 ZABETAKI Name of Person	<u></u>	
	ZABETAK	Firm/Company	LLC	
	319 Chicag	o woods Circle		*** <b>`</b>
	ZABETAKIS,	FL 32824 City/State and Zip Code Wichulasagmailea	四	
For further information c	E-mail address: ( oncerning this matter, please of	to be used for future annual report notifi all:	cation)	
Ni cholas Name o	Zabetakis	at ( <u>'(Ú'7</u> ) <u>3 41-</u> Area Code Daytime	C137 Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration Sect		
Division of C	ornoratione	Division of Com	orations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: \* Registration Section

Division of Corporations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZABETAKIS TRANSPORTS LLC

(A Florida Limited Chapitity Con	ed Liability Company)	ars on our records.)				
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 2 1000 380 280</u>	ny were filed on	<u> </u>				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited li	ability company h	nere:				
The new name must be distinguishable and contain the words "Limited Li-	ability 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)		٠				
Enter new mailing address, if applicable:		当日				
(Mailing address MAY BE A POST OFFICE BOX)						
		<u></u>				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our i	records, enter the name of the new registered				
Name of New Registered Agent:						
•						
New Registered Office Address:	Enter Flo	orida street address				
	City	, Florida Zip Code				
New Registered Agent's Signature, if changing Registered Agen	nt:					
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance o <sub>j</sub> is provided for in	f my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is				

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 329 Chicago Lucets Circle	Type of Action
AMBR	Cynthia J. Zabetaki	Address 329 Chicago Lucads Circle 5 Orlando, FL 31824	₽Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Add CO CO Refleve CO
			Challe
	<del></del>		□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□ Change

_	·									
_										
***						•				
_	·									<del></del>
_		<del>.</del>			_ <del>_</del>				<del></del> .	<del></del>
	· · · · · · · · · · · · · · · · · · ·									<del>3</del>
_										
									1	
_										- <del>33-</del> 1
_							<u> </u>		- <u>19</u> (2) 17 (2)	
_		<del> </del>			-			<del></del>		<u>~</u>
_		-								
						<del> </del>				<del></del>
_										
_										<del>-</del> .
dffectiv	ve date. if other tha	n the date	of filing	);				ontiona	D	
fan effe Note:	ve date, if other that trive date is listed, the d If the date inserted in	ate must be spe	cific and	cannot be p	rior to date of	filing or mor	e than 90 day	s after filit e this da	ng.) Pursuan te will not	t to 605.0207
	ent's effective date or					atory ming	requirement	s, ms ua	te will not	oc nated as
e record rd is file	l specifies a delayed e •d	ffective date,	but not	an effectiv	e time, at 1	2:01 a.m. or	the earlier	of: (b)	The 90th da	ay after the
Dated _	OC1036R	19	,	203	5 <del>7</del> .					
		11.								
		11.11.11 Signatur	elles ire of a n	nember or a	Morized rep	resentative o	f a member		<del></del>	
		.,,g.i.a.				resemante o	i a member			
				NJ2 10	1019.		12 ZX			

Filing Fee: \$25.00