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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: S	F Transpi	ort	
SUBJECT:		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:	
•	Ç	·	
	Firnando	Rodriguez	
		Name of Person	
		Firm/Company	
	12205 SW	151st St A	Pt 103
	Miami, FL	33186	
	Forny Staa	33186 City/State and Zip Code Myahoo Com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		
Firmando	Rodriguez	at (<u>186</u>) 25 7	6951
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	nc 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

SVF Tansfort Li (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our recor bility Company)	<u>'(ds.)</u>
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L21000404396}{L}$.	ere filed on <u>09 13 /2</u>	LOZ 1 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability SVF TVanSpor+ FL LLC The new name must be distinguishable and contain the words "Limited Liability"		C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	, F	lorida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	to act in this capacity. I fi erformance of my duties, a	urther agree to comply with the 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

Title	<u>Name</u>	Address	Type of Action
MBR	Veronica I Alcedo	12205 SW 151stst	
		Apt 103 miami, FL	33186 □Removo
			□ Change
MGB	Jernando Pradriguez	12205 SW 1514 SH	TAN)
	"Hodrighez	Apt 103 Minomi, 71	□Remove
		33180	□ Change
			🗆 Add
			⊡Remove
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			[:]Add
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			□Add
			□Remove

		
	<u>.</u>	
ote: If th	ate, if other than the date of filing: date is listed, the date must be specific and ca date inserted in this block does not mee effective date on the Department of Stat	9 22 2021 (optional) mot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 et the applicable statutory filing requirements, this date will not be listed e's records.
record spe is filed.	cifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ated	······································	

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Filing Fee: \$25.00