

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : OLIVA TAX AND FINANCIAL SERVICES LLC
Account Number : I20230000130
Phone : (786)355-0627
Fax Number : (305)883-0610

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELI AND MARY TRANSPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

OCT 24 2024

RECEIVED

2024 OCT 24 PM 1:07

Division of Corporations
Tallahassee, Florida

SECTION 1
TALLAHASSEE, FL

2024 OCT 24 PM 3:38

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELI AND MARY TRANSPORT LLC

(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 11/05/2021 and assigned
Florida document number L21000479386.

This amendment is submitted to amend the following:

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

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)

500 E 23RD ST

HIALEAH, FL, 33013

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 E 23RD ST

HIALEAH, FL, 33013

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2024 OCT 24 PM 3:38
CLERK OF THE CIRCUIT COURT
IN AND FOR THE STATE
OF FLORIDA

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:

Enter Florida street address

City, Florida 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

Oct. 24, 2024 1:30PM

No. 1700 P. 3

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>
VP	MARYCARI PAZ SIMON	440 E 23RD STREET APT 1113	<input type="checkbox"/> Add
		HALEAH, FL, 33013	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FL

Oct. 24, 2024 1:30 PM

No. 1700 P. 4

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2024 OCT 24 PM 3:38
SEAL OF THE
CLERK OF THE
COURT
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 10/01/2024 (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 10/16/2024

Signature of a member or authorized representative of a member

ELIZER CALDERIN RAMOS

Typed or printed name of signee

Filing Fee: \$25.00