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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

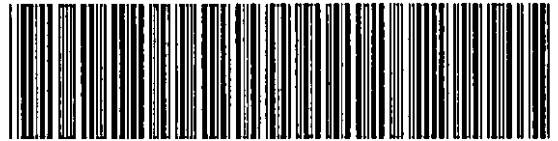
(Business Entity Name)

(Document Number)

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2022 FEB 17 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
FEB 25 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elysian Fields Transportation Services
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:

Charles A. Fox

Name of Person

Elysian Fields Transportation Services

Firm/Company

815 Middle River Dr Apt 210

Address

Fort Lauderdale / FL 33304

City/State and Zip Code

ElysianTransportation@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles A. Fox

Name of Person

at 580 , 312-3007

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

STATE OF FLORIDA
TALLAHASSEE, FL

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Elysian Fields Transportation Services
(Name of the Limited Liability Company as it now appears on our records.)

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Charles A. Fox	815 Middle River Dr Apt 210	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2012 FEB 7 PM 12:41
STATE
TALLAHASSEE, FL

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

Just wanted to change Charles Fox MGR "Manager"
Thank you for making change

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TALLAHASSEE, FL

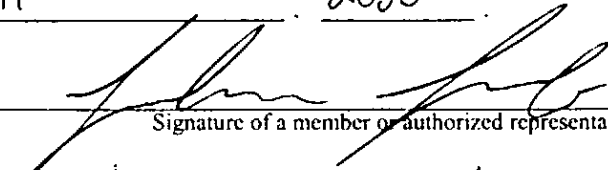
E. Effective date, if other than the date of filing: 12/27/21 (optional)

(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 Feb 11th 2022


Signature of a member or authorized representative of a member

JACKSON JACOB
Typed or printed name of signee