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SECRETARY OF SEASON

COVER LETTER

	ation Section of Corpor			
SUBJECT:	SPL	TRANSPORTATION Name of Lim	services LLC	
		Name of Lim	ited Liability Company	
The enclosed Art	icles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all c	corresponde	ace concerning this matter	to the following:	
	-		VIS AREVALO Name of Person	
	-	Spl TRAN	VSPORTATION SERVIC	ES LLC
	-	618 E	SOUTH ST # 500 Address	
		ORL	ANDO PL - 328 City/State and Zip Code	01
			_	
	_	SPITRANS PORTO E-mail address: (t	TRINSERVICET WGMAIL to be used for future annual report no	<i>GOY</i> ntification)
for further inform	nation conce	rning this matter, please or	ill:	
Wi_	AKEV.	7 Lo son	at (305) Sd Area Code Dayti	76827 me Telephone Number
Enclosed is a che		llowing amount:		
逐 S25.00 Filing	ş Fec - C	3 \$30.00 Filing Fee & Certificate of Status	S55.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED '

SP	L TRANSPORTATION	SERVICES LLC		2022 MAY 27	AM 11: 29
(<u>N</u> at	L TRANS PORTATION me of the Linited Liability C (A Florida Lin	ompany as it now appear: nited Liability Company)	s on our recor	ds) ECRETANY TALLAHAS	OF STATE SSEE, FL
The Articles of Organization for the	iis Limited Liability Com	pany were filed on $\underline{\hspace{0.1in}}$	PRLANDO		nd assigned
Florida document number 122	200020129				
This amendment is submitted to an	mend the following:				
A. If amending name, enter the	new name of the limited	l liability company he	<u>re</u> :		
The new name must be distinguishable at	nd contain the words "Limited	Liability Company," the de	esignation "LL	C' or the abbreviat	ion "L.L.C."
Enter new principal offices addr	ess, if applicable:				
(Principal office address MUST 1	BE A STREET ADDRES	<u> </u>			
					
Enter new mailing address, if ap	plicable:				
(Mailing address MAY BE A PO)	ST OFFICE BOX)				
				,	
B. If amending the registered agagent and/or the new registered	-	itice address on our re	ecords, <u>ente</u>	r the name of th	<u>ie new regis</u> i
Name of New Registered	d Agent:				
New Registered Office /	Address:				
		Enter Flor	ida street addre	tsis	
		Enter Flor			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 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>	Name	Address	Type of Action
MGR	JUAN JIMENEZ	618 ESOUTH ST#500 ORLANDOFL 3280	@Add
			□Remove
			Change
			\bullet \lambda \text{Add}
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1	_ (optional)		
ve date, if other than the date of filing:	ays after filing.) Pursu	ant to 605.02	207 i
If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	ms, ms date with the	or re fisicu	. 43
d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie ed.	er of: (b) The 90th	day after tl	.he
May, 25, 2022 Signature of a member or authorized roomsevanice of a member			
Strant-			
Signature of a member or authorized representative of a member	1		
LUIS AREVALO Typed or printed name of signee			