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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2023 APR 20 PH 2: 53

COVER LETTER

		ition Sec of Corp							
SUBJECT	The	The Finest Transportation Ponte Vedra LLC							
30001.01	·	-	Name of Lim	ited Liability Company					
The enclose	ed Art	icles of A	mendment and fee(s) are sub	emitted for filing.					
Please retu	rn all c	orrespon	dence concerning this matter	to the following:					
			John Macari						
				Name of Person		=			
			The Finest Transportation	Ponte Vedra LLC					
				Firm/Company		=			
			273 Pelican Pointe Rd						
			· · · · · · · · · · · · · · · · · · ·	Address		-			
			Ponte Vedra, Florida 3208	1					
				City/State and Zip Code		55			
			John.Macari27@Gmail.com						
				to be used for future annual report (iotification)	2023 APR 20 SEVEN (A)			
For further	inforn	nation coi	ncerning this matter, please of	all:					
John D. Ma	acari			718 551-5134 at()		137			
		Name of I	Person	Area Code Day	time Telephone Number	52			
Enclosed is	s a che	ck 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)	Certified	te of Status &			
Re D P.	egistr ivisio O. Bo	ox 6327	ection rporations	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	Section Corporations f Tallahassee troe Street, Suite 8	110			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Finest Transportation Ponte Ved			
(Name of the Limite	d Liability Company A Florida Limited Liab	as it now appears on our bility Company)	records.)
The Articles of Organization for this Limited Lia	bility Company we	ere filed on 01/17/2022	2 and assigned
lorida document number L22000034405	<u></u> ,,		
his amendment is submitted to amend the follow	wing:		
a. If amending name, enter the new name of	the limited liabilit	y company here:	<u>ب-</u>
N/A			
he new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the designatio	\
inter new principal offices address, if applica	ble:	N/A	20
Principal office address MUST BE A STREET	ADDRESS)		福 2 计
	_		
			2
nter new mailing address, if applicable:	1	N/A	
Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		·····
	_		
 If amending the registered agent and/or regent and/or the new registered office address 		lress on our records,	enter the name of the new regist
Name of New Registered Agent:	John D. Macari		
New Registered Office Address:	273 Pelican Pointe	Rd	
		Enter Florida street	address
	Ponte Vedra		, Florida
		City	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Vincent Florez	706 Old Bluff Drive Ponte Vedra, FI 32081	□Add
			■Remove
			□Change
Mgr	Gianna Macari	273 Pelican Pointe Rd Ponte Vedra Fl 32081	□ Add
		 	\BRemove
			GChange
			DAdd :
			□Remové □Change
			□Add
			□Remove
			□ Change
			□Add
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			Change
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			🗆 Remove
			□Change

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Signature of a member or authorized representative of a member			_ ,	•						
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Typed or printed name of signee