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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 : (407)932-0040 Phone : (407)520-5473 Fax Number

\*\*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 TRANSPORT E.C. LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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## **COVER LETTER**

| TO: Registration S Division of Co   |   |  |  |
|---|---|--|--|
|   | ORT E.C. LLC                              |  |  |
| SUBJECT:  | Name of Limi                              | ted Liability Company  | <del> </del>   |
| The enclosed Articles o   | f Amendment and fee(s) are sub-           | mitted for filing.   |  |
| Please return all corresp   | ondence concerning this matter            | to the following:  |  |
|   | ERICK A CASTANEDA A                       | AVILA  |  |
|   |   | Name of Person   |  |
|   | TRANSPORT E.C. LLC                        |  |  |
|   |   | Firm/Company   |  |
|   | 5299 BRACKS LANDING                       | G DR   |  |
|   |   | Address  | <del></del>  |
|   | SAINT CLOUD, FL 3477                      | 1  |  |
|   |   | City/State and Zip Code  |  |
|   | ERICK_ALEJANDRO200'                       | 7@HOTMAIL.COM to be used for future annual report notif  | ication)   |
| For further information   | concerning this matter, please c          |  | •  |
| ERICK A CASTANEI  | DA AVILA                                  | 786 318-7930<br>at ()  |  |
| Name  | of Person                                 | Area Code Daytime  | e Telephone Number   |
| Enclosed is a check for   | the following amount:                     |  |  |
| ■ \$25.00 Filing Fee  | S30.00 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 Addr<br>Registration<br>Division of<br>P.O. Box 60<br>Tallahassee | n Section<br>Corporations<br>327          | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations<br>'allahassee<br>e Street, Suite 810  |

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| TRANSPORT E.C. LLC  |   |                                       |
|---|---|---------------------------------------|
| (Name of the Limited Liability Comps<br>(A Florida Limited  | ny as it now appears on our records.)<br>Liability Company) |                                       |
| The Articles of Organization for this Limited Liability Company   | were filed on <u>02/09/2022</u>                             | and assigned                          |
| Florida document number L22000068663  |   |                                       |
| This amendment is submitted to amend the following:   | ,   |                                       |
| A. If amending name, enter the new name of the limited liab   | oility company here:  |                                       |
| The new name must be distinguishable and contain the words "Limited Liab  | ility Company," the designation "LLC" or the al             | obreviation "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 agent and/or the new registered office address here: | address on our records, enter the nan                       |                                       |
| agent windor the new registered orner address here.   |   | 2022                                  |
| Name of New Registered Agent:   |   | HAR                                   |
| •   |   | 29                                    |
| New Registered Office Address:  | Enter Florida street address                                |                                       |
|   | _   |                                       |
| ·   | , 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 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>          | Address                | Type of Action |
|--------------|----------------------|------------------------|----------------|
| AMBR         | LOURDES DIAZ CERRADA | 5299 BRACKS LANDING DR | <b>≣</b> Add   |
|              |                      | SAINT CLOUD, FL 34771  | □Remove        |
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|              |                      |                        | Change         |

| . If amend                 | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                |
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| Note: If t                 | date, if other than the date of filing:   |
| the record sport is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated                      | 03/29/2022 .  |
|                            | Tellestender  |
|                            | Signature of a member or authorized representative of a member  |
|                            | Etrick Kastanede  |
|                            | Typed or printed name of signee   |

Filing Fee: \$25.00