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AND THE CONTRACTOR AND THE CONTR

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	ELIO TRANSPORT LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Aurelio Cruz Jr		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	DON AURELIO TRANSF	PORT LLC	
		Firm/Company	
	3317 31st St N		
		Address	
	Saint Petersburg FI 33713		
		City/State and Zip Code	
	el_chamaa@yahoo.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Aurelio Cruz Jr		813 9004756	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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 S		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	•	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DON AURELIO TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

(******		い
The Articles of Organization for this Limited Liability	y Company were filed on	and as and as aned
The Articles of Organization for this Limited Liability	·	6.
This amendment is submitted to amend the following		٠.
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "L	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AD	ODRESS)	······
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ado	iress
_		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regist	ered 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, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Aurelio Cruz Jr	3317 31st St N Saint Petersburg fl 33713	f Add
			□Remove
			□Change
			□∧dd
			□Remove
			□Change
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			☐ Remove ☐ Change
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			⊡Add
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fective date, if other than the date of filing: (optional) In 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 legs: If the date inserted in this block does not meet the applicable statutory fitting requirements, this date will not be liste cument's effective date on the Department of State's records. Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member					_
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