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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

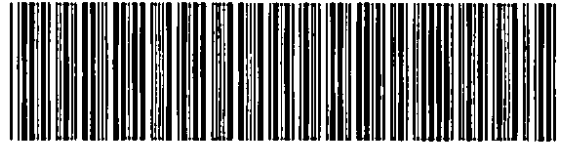
(Business Entity Name)

(Document Number)

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DEC 7 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abelard Transportations LLC
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:

Abelard Triegmens
Name of Person

Abelard Transportations LLC
Firm/Company

2029 Ekee Chobee Blvd # 112
Address

West Palm Beach FL 33409
City/State and Zip Code

Athelusme Transportations22@a Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alina Franco at (561) 889-5546
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Abelard Transportations LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 SEP -9 PM 1:26
HALL COUNTY CLERK
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/20/2022 and assigned Florida document number h 22000189197.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Abelard Transportations LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2029 Okeechobee Blvd
1112
West Palm Beach FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2029 Okeechobee Blvd
1112
West Palm Beach FL 33409

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Abelard Theemeus

New Registered Office Address:

2029 Okeechobee Blvd #1112
Enter Florida street address
West Palm Bch, Florida 33409
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.

Abelard Theemeus
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	Abelard Theimeus	2029 Okeechobee Blvd.	<input checked="" type="checkbox"/> Add
		1112.	<input type="checkbox"/> Remove
		West Palm Bch FL 33409	<input type="checkbox"/> Change
MGR	Diana D-Francois	1985 SW Board St.	<input type="checkbox"/> Add
		Port St Lucie FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Diana D-Francois	1985 SW Board St.	<input checked="" type="checkbox"/> Add
		Port St. Lucie FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (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 7/12, 2022.

Abelaed Thermeus
Signature of a member or authorized representative of a member

Abelaed Thermeus
Typed or printed name of signee

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PLANNING AND REGISTRATION