

8/30/22, 4:08 PM

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000295691 3)))



H220002956913ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : AB ALL SERVICES INC  
Account Number : 120200000155  
Phone : (305)882-1238  
Fax Number : (305)882-1260

**\*\*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**  
**OZZIE'S TRANSPORT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE  
 ALL AMENDED, RESTATE, CORRECT, M/MG RESIGN

2022 AUG 30 AM 10:28

APPROVED  
 AND  
 FILED

2022 AUG 30 PM 4:07

Electronic Filing Menu

Corporate Filing Menu

Help

Aug 30 2022

K. Brumley

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OZZIE'S TRANSPORT, 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:

OSVALDO CRUZ

\_\_\_\_\_  
Name of Person

OZZIE'S TRANSPORT, LLC.

\_\_\_\_\_  
Firm/Company

10521 NW 11TH ST APT. # 204

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33026

\_\_\_\_\_  
City/State and Zip Code

AB1100@YAHOO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSVALDO CRUZ

954 248-9648  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

OZZIE'S TRANSPORT, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 08/30/1963 and assigned Florida document number L22000217807.

This amendment is submitted to amend the following:

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

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:

10521 NW 11TH ST APT. # 204

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL 33026

Enter new mailing address, if applicable:

10521 NW 11TH ST APT. # 204

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL 33026

**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:

New Registered Office Address:

Enter Florida street address

City, Florida

APPROVED  
AND  
FILED  
2022 AUG 30 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**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



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

[illegible]

**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 08/30/2022

Signature of a member or authorized representative of a member

OSVALDO CRUZ

Typed or printed name of signee

**Filing Fee: \$25.00**