

L22000237263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

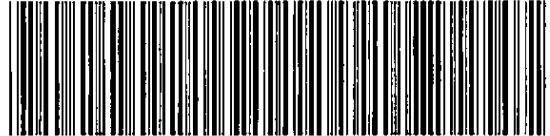
(Business Entity Name)

(Document Number)

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FILED TO COURT FOR REVIEW

4/26/23  
V.L.H.

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 FEB 27 AM 8:45

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PALMAS HOME REPAIR SERVICES 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:

SIMON M SANTANA ESTEVEZ

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

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

19466 SW 65TH STREET

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33332

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

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

For further information concerning this matter, please call:

SIMON M SANTANA ESTEVEZ

332  
at ( )

240-8805

\_\_\_\_\_  
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**

PALMAS HOME REPAIR SERVICES 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 MAY 23, 2022 and assigned  
Florida document number L22000237253.

This amendment is submitted to amend the following:

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

MIRANDA TRANSPORTATION 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)**

19466 SW 65TH STREET

PEMBROKE PINES, FL 33332

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

19466 SW 65TH STREET

PEMBROKE PINES, FL 33332

**FILED**  
2023 FEB 27 AM 8:45  
CLERK OF STATE  
TALLAHASSEE, FL

**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:

SIMON M SANTANA ESTEVEZ

New Registered Office Address:

19466 SW 65TH STREET

*Enter Florida street address*

PEMBROKE PINES

Florida


33332

*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, 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>
AMBR	IREANA SANT HILAIRE	1803 PLANTATION OAK DR, ORLANDO FL 32824	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN C POLANCO CASTANO		<input type="checkbox"/> Add
		9038 AZALEA SANDS LN, DAVENPORT FL 33896	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SIMON M SANTANA ESTEVEZ	19466 SW 65TH STREET, PEMBROKE P. FL 33332	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Dated 02/22/2023 12:30 PM

SIMON M SANTANA ESTEVEZ

**Filing Fee: \$25.00**