

8/18/22, 1:40 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L22000308414**

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.

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To:

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

From:

Account Name : SU SEGURO INSURANCE GROUP LLC  
 Account Number : 120210000126  
 Phone : (785)857-7718  
 Fax Number : (407)386-6369

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: KAREM@SUSEGUROINSURANCE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 NAYARITT TRANSPORT LLC

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

2022 AUG 12 AM 9:55

SECRETARY OF STATE  
 MAIL ASSISTANT

2022 AUG 22 AM 8:48

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AUG 23 2022

K. Brumbley

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: NAYARITT 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:

ZOMAYRA L SANTOS

Name of Person

*Zomayra Santos*

Firm/Company

4323 BRIDGEDALE RD

Address

PENSACOLA

City/State and Zip Code

FLORIDA 32505

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

For further information concerning this matter, please call:

ZOMAYRA L SANTOS

570

5995091

at ( )

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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAYARITT 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 07/11/2022 and assigned  
Florida document number L22000308414.

This amendment is submitted to amend the following:

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

N/A

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**)

4323 BRIDGEDALE RD PENSACOLA, FL 32505

Enter new mailing address, if applicable:

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

4323 BRIDGEDALE RD PENSACOLA, FL 32505

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:

SANTOS, ZOMAYRA I.

New Registered Office Address:

4323 BRIDGEDALE RD.

Enter Florida street address

PENSACOLA

Florida

32505

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.

*Zomayra Santos*

If Changing Registered Agent, Signature of New Registered Agent

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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	SANTOS, ZOMAYRA L	4323 BRIDGEDALE RD PENSACOLA, FL 32505	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1122000280456.3

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

N/A

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: (h) The 90th day after the record is filed

Dated AUG.18 2022

*Zomayra Santos*

Signature of a member or authorized representative of a member

ZOMAYRA SANTOS MANAGER

Typed or printed name of signee