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(Requestor's Name)
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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Made for you transportation, 11C
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Vlachmir Calixte Name of Person
Made for you transportation, 11C
690 SW 1ST CT # 2903
MIAMI FL 33130 City/State and Zip Code
Vlademer C. 682 @ gmail (bm) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vladimir Calixte at (954) 504 - 1194 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Made for you -	Company at it now appears on our records.) imited Liability Company)	
(A Florida Li	imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>し 2 2 0 0 0 3 3 4 4 9 5</u> -	mpany were filed on 1122123	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
Made for you tran The new name must be distinguishable and contain the words "Limited"	isportation, 110	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		,
New Registered Office Address:	Enter Florida street address	
		la
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGE/ MANABER	Vladimir Calixte	640 SW IST CT # 2903	<u>52</u> 7.dd
		MIAMI FL 33130	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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(If an eff <u>Note:</u>	fective date is liste If the date inse		specific and does not r	I cannot be pri- neet the appl	or to date of filing of icable statutory files.			filing.) Pursuant	
the recor		layed effective da	te, but not	an effective	time, at 12:01 a.i	n. on the e	arlier of: (b) The 90th day	y after the
Dated	10/13	2022/	autura af	ul	thorized represental	ive of a move	nhor		_
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