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FILED 2022 SEP 22 AM 8: 34 SECRETARY OF STATE

## **COVER LETTER**

	egistration Sect ivision of Corpo					
SUBJECT	1823 Transpo	n, LLC				
SOBJECT	•	Name of Limi	ted Liability Company			
		mendment and fee(s) are sub-				
Please retu	m all correspond	dence concerning this matter to the Alfred Silvera	to the following:			
			Name of Person		_	
		1823 Transport, LLC				
			Firm/Company		-	
		2150 Patomino Dr			_	
			Address			
		Titusville, FL 32796			1011 SE	<b>~</b> )
		alsilvera@ymail.com	City/State and Zip Code		2022 SEP 22 MM 8: 34 SECRETARY OF STATE	
			to be used for future annual report notific	cation)	2	
		ncerning this matter, please ca				ار ک
Alfred Silv			407 346-5050 at ()			
	Name of I	Person	Area Code Daytime	Telephone Number	1	
Enclosed i	s 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)	Certified	ate of Status &	

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

1823 Transport, LLC		
(Name of the Linu	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited L Florida document number L22000395653	Liability Company were tiled on 9/4	2/2022 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :
The new name must be distinguishable and contain the		172 172
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)	77 22 T
Enter new mailing address, if applicable:		\$ 0
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		ecords, enter the name of the new register
Name of New Registered Agent:	Alfred Silvera	
New Registered Office Address:	2150 Palomino Dr	rida street address
	Titusville	Florida 32796
	City	Zin 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.

Deld Si

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□ Change
			□Add
		<del></del>	□Remove
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			022 SEPI 22 MRemove
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	0/19/2022			
	pecific and cannot be prior to date of does not meet the applicable state	filing or more than 90 days after fi	ling.) Pursuant to	
fective date, if other than the date in effective date is listed, the date must be some. If the date inserted in this block ocument's effective date on the Depart	ment of State's records.			
an effective date is listed, the date must be some:  If the date inserted in this block of		2:01 a.m. on the earlier of: (b)	The 90th day	after the
an effective date is listed, the date must be some. If the date inserted in this block occument's effective date on the Department specifies a delayed effective datis filed.	e, but not an effective time, at 12			after the
an effective date is listed, the date must be some:  ote: If the date inserted in this block occument's effective date on the Department of the properties of the detailed of the date of	e, but not an effective time, at 12			after the