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April 22, 2024

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern,

Please see the completed documents attached for the business name change with a \$25.00 check included for Andel Trans LLC.

Thank you,

Megan Garcia Registered Agent 9100 Conroy Windermere Road Suite 200 Windermere FL 34786

P: 407-885-3776

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Andel T	rans LLC	
Nobalici.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Megan Garcia	
		Name of Person	-
	_	Firm/Company	
	9100 C	Conroy Windermere Roa	d, Suite 200
		Windermere, FL 34786	
		City/State and Zip Code	
	F-mail address:	negan@mlgarcialaw.com (to be used for future annual re	eport notification)
For further information c	concerning this matter, please c		
Megan		at (_407)	885 - 3776
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Addres		Street Ado	
Registration : Division of C		•	tion Section of Corporations
P.O. Box 632	•		tre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>,</u>		rans LLC		
(<u>:</u>	<u>Same of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears of Liability Company)	our records.)	
The Articles of Organization for Florida document number	this Limited Liability Compan .22000397945	y were filed on	9/12/2022	and assigned
This amendment is submitted to	amend the following:			
A. If amending name, enter the Andel Trans & Logistics LL		bility company here:		
The new name must be distinguishable		oility Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices ad	dress, if applicable:			
(Principal office address MUS)	TBE A STREET ADDRESS)		······································	
				. ?
Enter new mailing address, if	applicable:			·
(Mailing address MAY BE A P	<u>OST OFFICE BOX)</u>		· · · · · · · · · · · · · · · · · · ·	•
B. If amending the registered agent and/or the new registere		address on our reco	rds, <u>enter the nar</u>	
Name of New Register	ed Agent:	 -		
New Registered Office	Address:	Enter Florida	street address	
			, Florida	
		City	, i toriua	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>	Address	Type of Action
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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Typed or printed name of signee