

L22000401617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

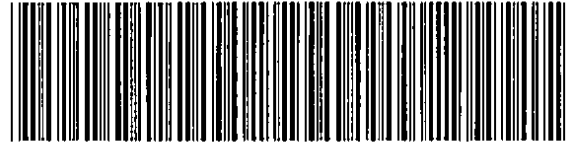
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/31/23--01027--014 **25.00

FILED
2023 MAY 31 AM 9:32
TALLAHASSEE FL

g 7/23/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All Drive Way Solutions 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:

Elvis B Batista Pena

Name of Person

All Drive Way Solutions LLC

Firm/Company

4865 NW 35th AVE

Address

Miami, FL 33142

City/State and Zip Code

alldrivewaysolutionsllc@gmail.com

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

For further information concerning this matter, please call:

Elvis B Batista Pena

786

674-4611

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2023 MAY 31 AM 9:32

All Drive Way Solutions LLC

(Name of the Limited Liability Company as it now appears on our records).
(A Florida Limited Liability Company)

ALLA TACSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/13/2022 09/14/2022 and assigned Florida document number L22000401617.

This amendment is submitted to amend the following:

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

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)

1010 SW 6th ST

APT 6

Miami, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4865 NW 35th AVE

Miami, FL 33142

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:

New Registered Office Address:

Enter Florida street address

City Florida

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>
MGR	Elvis B Batista Pena	1010 SW 6th ST	<input checked="" type="checkbox"/> Add
		APT 6	<input type="checkbox"/> Remove
		Miami, FL 33130	<input type="checkbox"/> Change
AMBR	Elvis B Batista Pena	1010 SW 6th ST	<input checked="" type="checkbox"/> Add
		APT 6	<input type="checkbox"/> Remove
		Miami, FL 33130	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

ers' B. Bafta
Signature of a member or author

Typed or printed name of signee

Filing Fee: \$25.00