

L22000 469927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

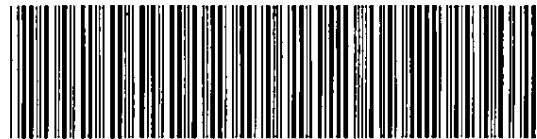
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200402187432

02/17/23--01010--002 25.00

FILED
2023 MAR 10 AM 9:31
STATE
TALLAHASSEE, FL

RECEIVED
2023 MAR 10 AM 9:09
TALLAHASSEE, FLORIDA
OFFICE OF THE
CLERK OF THE
COURT

cy 3/10/2023

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Pellan Transportation LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis A. Martinez
Name of Person

Pellan Transportation, LLC
Firm Company

2666 Collingswood Dr.
Address

Deltona, FL 32738
City, State and Zip Code

PellanTransportationLLC@gmail.com
E-mail address (to be used for future annual report notification)

For other information concerning this matter, please call:

Luis A. Martinez at 203 520-2718
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$3.00 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

FILED

2023 MAR 10 AM 9:31

Pellier Transportation LLC

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

STATE
TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on 11/2/22 and assigned
document number L220000469927

amendment is submitted to amend the following:

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

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

If new principal offices address, if applicable:

principal office address MUST BE A STREET ADDRESS)

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

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

_____, Florida _____
City Zip Code

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 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

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

MR = Manager

MR = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Am. PR Luis A. Martinez	2616 Collingswood Dr. Deltona, FL 32738	<input checked="" type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change

[illegible]

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.

red 3/10/2023

Signature of a member or authorized representative of a member

Luis A. Martinez
Type or printed name of signer