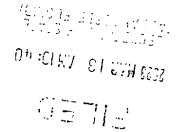
## L2200053a051

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

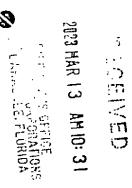
Office Use Only





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A. RIVERS MAR 1 3 2023



## **COVER LETTER**

Division of Corporations			
:	T	i a	
SUBJECT: <u>Lws</u>	Transportations Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Luis1	Name of Person	
		Name of Person	
	Lu's tro	Specte toos 1.C. Firm/Company	<del></del>
	<u>\$704</u> ?	3 caver lane Address	
		FL 34668 City/State and Zip Code  Line Line Code To be used for future annual report notion	
For further information co	ncerning this matter, please co	all:	
Luis Perez	-	at ( <u>727</u> ) <u>277</u> Area Code Daytim	3265
Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	e 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 S	=	Street Address: Registration Se	ection
Division of Co		Division of Cor	
P.O. Box 6327	1	The Centre of	
Tallahassee, F	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luis Transportations L	C
(Name of the Limited Liability Compa  (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L22 06 0 5 3 2 0 5 1</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
Push Transportations LLC The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabii	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8704 Beaver Lane
(Principal office address MUST BE A STREET ADDRESS)	Port Richey, FL, 34468
_	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	1967 - 1969 - 1960 - 19
	16
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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
<del></del>			
			□Remove
			□Change
		<del></del>	Remove
			□Change
<del></del> -			
			□Remove
			□Change
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			□Remove
			□Change

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f an effec <mark>Note:</mark> - If	e date, if other than the date of filing:
record d is filed	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 it.
Dated _	March 13 2023
	Signature of a member or authorized representative of a member
	Luis Perz Typed or printed name of signee

Filing Fee: \$25.00