## L23000054450

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

Office Use Only

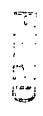


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## **COVER LETTER**

Registration Sec Division of Corp	aration. I		
ч ст: <u>С</u> <u>Е</u>	CILES TRA	ANS PORTATI	ON, LLC
	amendment and tee(s) are sub- dence concerning this matter (		
	R.	JLLOUX LIMAC	7E
	CECIL'S	TRANSPORTA	TION, LLC
	11295 C	HRISTI OAK	DR
		City State and Zip Code  Ox 02 6 Yahoo  o be used for future annual report notif	
urber information co	ncerning this matter, please ca	,	
Rullou Name of	X LIMAGE Person	at ( <u>9.5 4</u> ) _7.08 Area Code Daytime	5802 Telephone Number
sed is a check for the	e following amount:		
25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	To \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

$\leq$ ,		2023 HAR 14	80:11 MA
(Name of the Limited Liability Compan (A Florida Limited Li	ANS PORTATION (ability Company)	TALLINIA.	SEE.FL
Articles of Organization for this Lumited Liability Company v	were filed on _ 01/30/2023	3 and assigned	
Articles of Organization for this Limited Liability Company value document number $\underline{L23000054450}$	)		
amendment is submitted to amend the following:			
amending name, enter the new name of the limited liabile CECIL S TRANS?		eviation "L.L.C."	
r new principal offices address, if applicable:			
reipul office address MUST BE A STREET ADDRESS)			
e new mailing address, if applicable: <u>ing address MAY BE A POST OFFICE BOX</u> )			
camending the registered agent and/or registered office a and/or the new registered office address here:	ddress on our records, enter the name	of the new registe	<u>red</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		-
		Zip Cinle	
<ul> <li>Constructed Agent's Signature, if changing Registered Agent;</li> </ul>			

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and of 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 any has been notified in writing of this change.

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

<\*₹ Manager

BR = Authorized Member

,	Name	Address	Type of Action
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			□Remove
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: If the	date inserted in t	n the date of fil the must be specific this block does no the Department c	of meet the ap	oplicable statute	ory filing requ	(option n 90 days after this irements, this	nal) iling.) Pursuant to date will not be	605,0207 (3 listed as th
ord spec iled	ifies a delayed ef	ffective date, but	not an effect:	ve tíme, at 123	) I a m. on the	earlier of: (b)	The 90th day	after the
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Filing Fee: \$25.00