

L230000 54450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2023 MAR 14 AM 11:08

CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

## COVER LETTER

Registration Section

Division of Corporations

EFFECT:

CECILE'S<sup>LL</sup> TRANSPORTATION, LLC  
Name of Limited Liability Company

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

I return all correspondence concerning this matter to the following:

RULLOUX LIMAGE  
Name of Person

CECIL'S TRANSPORTATION, LLC  
Firm/Company

11295 CHRISTI OAK DR  
Address

JACKSONVILLE, FL 32220  
City/State and Zip Code

Rulloux02@yahoo.com  
E-mail address: (to be used for future annual report notification)

For other information concerning this matter, please call:

RULLOUX LIMAGE at (954) 708-5802  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$15.00 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 14 AM 11:08

CECIL'S 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 01/30/2023 and assigned  
the document number L23000054450

An amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

CECIL'S TRANSPORTATION, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 understand 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  
moved from our records:

### Manager

ER = Authorized Member

[illegible]

[illegible]

effective date is other than the date of filing. Effective date of filing (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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.

dated 03/14/2023

RULLOUX LIMAGE  
Typed or printed name of signee

Filing Fee: \$25.00