

L23000063102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

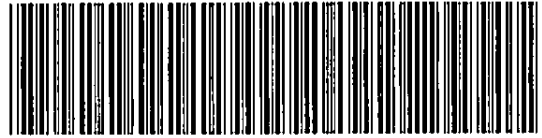
(Business Entity Name)

(Document Number)

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2003 JUN 24 PM 1:18
STATE
FILE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SWIFT RIDE TRANSPORTATION, 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:

AMAURY ALBERTO

Name of Person

ALBERTO & COMPANY, LLC

Firm/Company

6600 COW PEN ROAD SUITE 260

Address

MIAMI LAKES, FL 33014

City/State and Zip Code

AJ@ALBERTOCO.COM

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

For further information concerning this matter, please call:

AMAURY ALBERTO

786 416-0829
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

2023 JUN 24 PM 1:18

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

SWIFT RIDE TRANSPORTATION, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/03/2023 and assigned
Florida document number L23000063102.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 | PINA HOLDINGS, LLC | 5190 NW 167TH STREET SUITE 108 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33014 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | REAL J & R HOLDINGS, LLC | 4800 NW 167TH STREET | <input type="checkbox"/> Add |
| | | MIAMI, FL 33014 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | YOEL MORERA | 4800 NW 167TH STREET | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33014 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input checked="" type="checkbox"/> Add |
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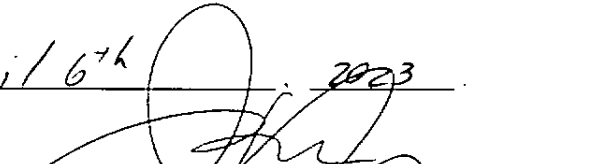
[illegible]

(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)

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.

April 6th 2023

1/6th 2023


Signature of a member or authorized representative

Joel Morera
Typed or printed name of signee

Typed or printed name of signee

2023 APR 24 PM 1:18

Filing Fee: \$25.00