

L23000208744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

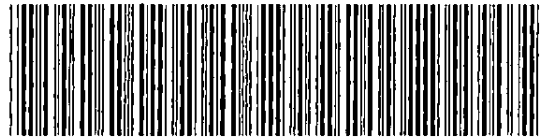
(Document Number)

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S. CHATHAM
NOV 16 2023

07/05/23--01023--014 **35.00

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2023 NOV 14 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2023

JEAN ESTON PAUYO
5518 ARNOLD PALMER DR, APT. 1235
ORLANDO, FL 32811 US

SUBJECT: PAUYO TRANSPORTATION LLC
Ref. Number: L23000208744

We have received your document for PAUYO TRANSPORTATION LLC.
However, the document has not been filed and is being returned for the following:

Please complete the document submitted. You only completed the cover letter.

If you have any further questions concerning your document, please call (850)
245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 523A00024419



* Emailed 10/18

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2023

JEAN ESTON PAUYO
5518 ARNOLD PALMER DR, APT. 1235
ORLANDO, FL 32811 US

SUBJECT: PAUYO TRANSPORTATION LLC
Ref. Number: L23000208744

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 523A00018790

COVER LETTER

Registration Section
Division of Corporations

CT: PAUYO 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:

JEAN ESTON PAUYO
Name of Person

PAUYO TRANSPORTATION LLC
Firm/Company

5518 ARNOLD PALMER DR APT 1235
Address

ORLANDO FL 32811
City/State and Zip Code

PAUYO102HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN ESTON PAUYO at (407) 219-0116
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

PAUYO 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 04-27-2023 and assigned Florida document number L23000208744

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)

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TALLAHASSEE, FL

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

_____, 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

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

GR = Manager
MBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	JOAN ESTON PAWYO		<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Just put my last name

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Effective date, if other than the date of filing: 04-27-2023 (optional)
(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.

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.

Dated 11-08-2023, _____

Jean Eston Pauyo

Signature of a member or authorized representative of a member

Jean Eston Pauyo

Typed or printed name of signer