L23000235596

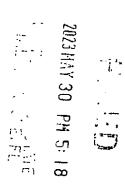
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	
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Special Instructions to	Filing Officer:	
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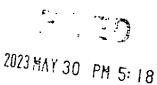
COVER LETTER

TO:

TO: Registration Se Division of Cor			
CUDIECT.	ALMEID	OA'S TRANSPORT LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·		Alan Martinez	
		Name of Person	
		Simplex Group Inc	
		Firm/Company	-
		7500 NW 52ND ST, Suite 100	
		Address	<u></u>
		MIAMI FL 33166	
	,	City/State and Zip Code	
		permits@simplexgroup.net	
	E-mail address: (to be used for future annual report not	afication)
For further information c	oncerning this matter, please co	ali:	
Angel	a Santos	305 5998287 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, I	*L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ALMEIDA'	S TRANSPORT LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears imited Liability Company)	on our records.)	FALL STEEL FALE
The Articles of Organization for this Limited Liability Con	mpany were filed on	05/12/2023	and assigned
Florida document number L23000235596			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company her	<u>'e</u> ;	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our re	cords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	Leonardo	A Lopes de Almei	da
New Registered Office Address:			
	Enter Florid	da street address	
		Florida	Zip Code
	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
AMBR	Leonardo A Lopes de Almeida		_ □Add
			_ □Remove
		1531 NW 45TH ST Apt 2B Pompano Beach FL 3306	4 _ ≡Change
AMBR	Li, Nathalie Marie		_ 🗆 Add
			□Remove
		1531 NW 45TH ST Api 2B POMPANO BEACH, FL 33064	_ = Change
			_ DAdd
			□Remove
			_ Change
			□Add
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<u>ote:</u> If the o	te, if other than the date late is listed, the date must be state inserted in this block offective date on the Depart	loes not meet	the applicable	te of filing or mor statutory filing	(optice than 90 days after requirements, the	ional) r filing.) Pursuant to is date will not be	605.0207 listed as
ecord speci is filed.	ifies a delayed effective dat	e, but not an o	effective time,	at 12:01 a.in. or	i the carlier of: (b) The 90th day a	ifter the
	May 16th		2023				
ited							
ited			9 111	11			
ated	Sign	ature of a mem	ber or authorize	I representative o	f a member		

Filing Fee: \$25.00