23000313975

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COVER LETTER

TO:	Registration Se Division of Cor			•		
		LOGISTICS AND TRANSPO	RT L.L.C.			
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please i	eturn all correspo	ndence concerning this matter	to the following:			
		Gabriel E Rodriguez				
		All .	Name of Person			
			Firm/Company			
		2276 euclid ave b2				
			Address			
	Fort Myers Florida 33901					
City/State and Zip Code						
	geradeliveryusa@gmail.com E-mail address: (to be used for future annual report notification)					
For furt	her information c	n-man address; (i oncerning this matter, please ca		(incation)		
Gabriel E Rodriguez			385 4979795			
	Name o	f Person	Area Code Daytii	ne Telephone Number		
Enclose	rd is a check for th	ne following amount:				
■ \$25	5.00 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 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

RODGOM LOGISTICS AND TRANSPORT L.L.C.

2024 SEP 12 PH 1: 30

(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on 06/30/2023	and assigned
Florida document number L23000313975		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
OCKSMITH NEAR ME AM PM L.L.C.		
he new name must be distinguishable and contain the words "Limited Liabi	ility 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)		
	<u> </u>	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new regist
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street a	
	Enter Florida street a	

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 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>	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
		···	□Remove
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) It is also requested to change the company's statement of purpose, now it will be locksmith E. Effective date, if other than the date of filing: (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. 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. Dated ___ Signature of a member or authorized representative of a member GABRIEL E. RODREGUEZ
Typed or printell trame of signed

Filing Fee: \$25.00