## L23000345354

	(Requestor's Name)	
	(Address)	
	•	
·	(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAI  (Business Entity Name)  (Document Number)  ified Copies Certificates of Status	-
	(Address)	
•	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	/D 6-44- No. 1	
	(Business Entity Name)	
	(Document Number)	
Cedified Conies	Certificates of	Status
Special Instructions to	Filing Officer:	
	- ······ · · · · · · · · · · · · · · ·	

Office Use Only



900413697129

S. CHATHAM AUG 1 6 2023 7023 KUS 15 FM11: 4.6

AUG 15 PH 1:48

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/15/2023

NAME:

CENTRAL FLORIDA ELITE TRANSPORTATION LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

CENTRAL FLORIDA ELITE 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 Compar	ny were filed on _	July 21, 2	023 and ass	signed	
Florida document number <u>L 230003453</u> 84	1				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lig	ability company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limited Lia		_			
Enter new principal offices address, if applicable:			- 20		
(Principal office address MUST BE A STREET ADDRESS)		<b></b>	<u> </u>		
			<u>ੂੰ</u>	- d	
			_		
Enter new mailing address, if applicable:		···		· 1	
(Mailing address MAY BE A POST OFFICE BOX)				· ~9'	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our	records, <u>enter the r</u>	name of the nev	v registered	
Name of New Registered Agent:	<del>.</del>	·			
New Registered Office Address:					
	Føder Fl	Enter Florida street address			
		, Florida Zip Code			
	City		Zip Code	<del> </del>	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>				
I haraby against the appointment as registered again and ag	maada mad in dhi.	a aanaaite I Gust		l	

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

Title	Name	Address	Type of Action
1Anager	JUAN L OFFIZ	4795 Pine Tree Dr SAINT CLOUD FL 34772	_ 12/Add
			□Remove
			□Change
		<del> </del>	□Add
		 	? Remove
		·	Remove
<del></del>		· · · · · · · · · · · · · · · · · · ·	Add
		·;	€ _ □ Remove
			Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			□Add
			_ □Remove
			_ □Change
<del></del>		<del></del>	_ □ Add
			_ □Remove
			_ Change

	. <u></u> -						_
					<del>,</del>		-
		<u></u>					_
		<del></del>			<del>_</del>	<del></del>	_
				·			_
<del></del>							-
		<del></del> -	<u> </u>	<u>-</u>	<u></u>		_
						<del></del>	_
						/5	
						7023 1. C	_
<del></del>		,.	<del></del>		<del>.</del>	- <u>- C</u>	<b></b>
<del></del>		<del></del>				<del></del>	·
		<del></del>					· .
						=	تو
-						· 6	-
		•	· · · · · · · · · · · · · · · · · · ·			<del></del>	-
<del></del>			<del></del>				_
<u> </u>							
an effective date is l	other than the date isted, the date must be s ascreed in this block d	pecific and cannot be	e prior to date of fili	ing or more than 90	(optional)	z.) Pursuant to 605	5.0207
ocument's effective	ve date on the Depart	ment of State's rec	cords.	ry minig requirem	cnis, uns uate	, will not be list	cu as
record specifies a	delayed effective date			I a.m. on the earli	er of: (b) Ti	ne 90th day after	r the
i is med.		0.0	2.7				
ated AUG	UST 14	, <u>&amp; O.</u>	<u>~_</u>				
ated AUG	UST 14	$\frac{1}{\sqrt{20e}}$					
d is filed. Dated <u>AUG</u>	Signa	iture of a member or  UA N  Typed or	authorized represe				