# 123000388957

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(bocament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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# **COVER LETTER**

TO: **Registration Section Division of Corporations** 

REIS TRAISUBJECT:	NSPORT & LOGISTICS LLC		20
SUBJECT.	Name of Lim	ited Liability Company	2023 OCT 13 AH 10: 1.1
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	13
Please return all correspo	endence concerning this matter	to the following:	 
	EUDILEY L. DOS REIS		=
	<u> </u>	Name of Person	
		Firm/Company	
	5001 W SAND LAKE RD		
		Address	
	ORLANDO, FL 32811		
	DSPARKBUSINESS@GM	City/State and Zip Code AHCOM	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
EUDILEY L DOS REIS		407 669-2090 at ( )	
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

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

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## 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.

City

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RODRIGO CARDOZO	13745 HUNTWICK DR ORLANDO, FL 32837	<b>=</b> Add
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it an effective date is fisted, the date mi	ist be specific and cannot be prior to da clock does not meet the applicable	te of filing or more than 90 day	vs after filing.) Pursuant to 605
e record specifies a delayed effecti rd is filed.	ve date, but not an effective time, a	nt 12:01 a.m. on the earlier	of: (b) The 90th day afte
OCTOBER 9	2023		
	Od Gy L DOS Signature of a member or authorized	representative of a member	
		representative of a member	
EUDILEY L. DOS RE	10		