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2023 SEP 22 PH 1: 20 SECRETARY : 5 PATE

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
	TRANSPORTATION SERVI	CES 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	ondence concerning this matter	to the following:		
	Juan R. Torres Jr			
		Name of Person	·	
	TATITA'S TRANSPORTA	ATION SERVICES LLC		
		Firm/Company		
	521 Basil Ct		2023 SE	
		Address		うっつ
	Kissimmee, FL 34759		SEORETARY CERTAIN	<b>3</b>
		City/State and Zip Code	in the same of the	P!
		TIONSERVICES@GMAIL.COM	رون (مارون مارون مار مارون مارون م	
	E-mail address: (	to be used for future annual report notif	ication)	5
For further information of	concerning this matter, please c	all:		
Juan R. Torres Jr.		203 627-2850		
Name o	of Person		Telephone Number	
Enclosed is a check for t	he 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 enclose	
Mailing Address Registration		Street Address: Registration Sec	etion .	
Division of C		Division of Corp	porations	
P.O. Box 632		The Centre of T		
Tallahassee.	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TATITA'S TRANSPORTATION SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny a <u>s it now appears on our record</u> Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	tity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	521 Basil Ct	
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34759	28
Enter new mailing address, if applicable:		SEP 22 PH
Mailing address MAY BE A POST OFFICE BOX)		ms -:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street uddre:	ss
	េ	orida
<del></del>	Cirv , F1	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 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
Manager	Sonia B. Torres	521 Basil Ct Kissimmee, FL 34759	≘Add
			Remove
			□Change
Manager	Juan B. Torres		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			■Remove
			SECH SECH
			P 22 Remove
			Change
			□Remove
			☐Change
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			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change

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