2/6/24, 1.59 PM

Division of Corporations

# onic Ming Gover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for futura annual report mailings. Enter only one email address please.\*\*

Email	Address:	

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLACKLINE ELITE TRANSPORTATION SERVICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Help

From: Rajiv Srivasti

### **COVER LETTER**

	tegistration Sc Division of Cor			
eno mes		NE ELITE TRANSPORTATIO	ON SERVICES LLC	
SUBJECT	I :	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ım ali correspo	endence concerning this matter	to the following:	
		Cheyenne Moseley	· :	
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		•
		·	Address	<del>, , , , , , , , , , , , , , , , , , , </del>
		Glendale, CA 91203		
		···-	City/State and Zip Code	
		blacklineelite@yahoo.com		
		E-mail address: (	to be used for future annual report no	ification)
For further	r information c	oncerning this matter, please c	all:	
Cheyenne	Moseley		800 773-0888 at ( )	
	Name o	f Person		me Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ <b>\$</b> 25.00	Filing Fec	□ \$30.00 Filing Fee & Cenificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	٠.			
	Registr Divísio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

company has been notified in writing of this change.

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears d Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L23000554333</u>	by were filed on $\frac{12/}{}$	18/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the do	esignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			SE SE
			ALI ALI
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			AS TAS
			SE E
		· · · · · · · · · · · · · · · · · · ·	775
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, enter	the name of The a
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	ida street address	
		, Florida	·
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	te performance of i s provided for in C	my duties, and I am hapter 605, F.S. Or,	familiar with and if this document is

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	Nicholas George		☐ Add
		3534 Aspire Cir Apt 3304 Cape Coral, FL 33914	Remove
			□ Change
			☐ Remove
			□ Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
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			O Add
			□ Remove
			Change

Ta:

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	•
	<u> </u>
	·
E. Effec	tive date, if other than the date of filing:
Note	fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Date	<u>1/28/24</u> . <u>2024</u> .
	1.1 Stortakin
	Signature of a member or authorized representative of a member
	/V.W. / I

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Typed or printed name of signee

Filing Fee: \$25.00