124000094676

(Requestor's Name)
(Address)
(Audiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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10/4/24 KH

2024 OCT -4 PM 4: 05

COVER LETTER

TO:

Registration Section

Division of Cor	porations					
erun neem = 1 VII 1 A 1	TDANSDODT LLC					
SUBJECT: <u>J VILLA</u>	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	JOSE	MANUEL VILLA HIDA	ALGO			
		Name of Person				
	J <u>,</u>	VILLA TRANSPORT LI	LC			
		Firm/Company				
	20	01 COMPASS ROSE D	R			
		Address				
	GR	OVELAND, FL 34736-9	626			
	T1	City/State and Zip Code	***			
	E-mail address: (DATALLC@GMAIL.CO to be used for future annual repo	ort notification)			
For further information co	oncerning this matter, please c	all:				
JOSE MANUEL	VILLA HIDALGO	at (978)	996 - 9283			
Name o		Area Code I	Daytime Telephone Number			
Enclosed is a check for th	ne following amount:					
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address:		Street Addr Pagistratio				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limites	a Trans	ort LLC y ns It now appears of inbility Company)	n our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L240000946</u>		were filed on	02/23/202	4 and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of to N/A				
N/A The new name must be distinguishable and contain the wor	ds "Limited Liabilit	ly Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	N/A		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>	 ·		
B. If amending the registered agent and/or regagent and/or the new registered office address		idress on our reco	ords, <u>enter the na</u>	ne of the new registered
Name of New Registered Agent:	Jose M	anuel Villo	Hidalgo	
New Registered Office Address:	201 Co	mpass 120 Enter Florida	SE DR street address	
	Gr	oveland	, Florida _	34736 - 9626. Zip Code
N. D. C. LA D. C. L. M. D.	-2-4			

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	JOSE MANUEL VILLA HIDALGO	201 COMPASS ROSE DR GROVELAND, FL 34736-9626	
			□Remove
			■ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			🗆 Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Good afternoon Sunbiz Team: Using form CRZE049, I
need to please make a change in the Authorized
Person (5) Detail (Name & Address) section, since my last
service provider made a mistake a I need the
Following to appear: Villa Hidalgo, Jose Manuel.
Thank you very much for your great work.
E. Effective date, if other than the date of filing:
f 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 ecord is filed.
Dated September 27. 2024. 1 U
Signature of a member or authorized representative of a member
Jose Manuel Villa Hidolgo. Typed or printed name of signee