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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
509 Transp	ort LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Fritz Jean-Baptiste			
	. Name of Person			
	509 Transport LLC	F: (0)		
	540 NW 146TH STREET	Firm/Company		
		Address		
	MIAMI FLORIDA 33168			
	SOUTH AMERICATIVE CASIC	City/State and Zip Code	.	
	509TRANSPORTLLC1@C E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c			
Fritz Jean Baptiste		305 303-7723		
Name o	f Person	Area Code Daytin	ne 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 enclosed)	S60.00 Filin Certificate Certified Co (additional co	of Status &
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Set Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations l'allahassee pe Street, Suite 810	2024 AUS 16

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

509 Transport LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records a Limited Liability Company)	<u>v.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 07/04/2024	and assigned
Florida document number L24000309050	·	
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	·	
3. If amending the registered agent and/or registered	d office address on our records, <u>enter</u>	the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	r
		orida
	City	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 Changing Registered Agent, Signature of New Registered Agent

3: 14 S ATE 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>	<u>Address</u>	Type of Action
MGR	IRVIN JEAN-BAPTISTE	540 NW 146TH STREET	■Add
		MIAMI FLORIDA 33168	□Remove
			□Change
			Remove
			Change
			□ Add
		Remove	
			□ Change
			□Add
		Remove	
			Change
			□Add
			Remove
			□Change
			2020 Add 155
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _(optional) (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 record is filed. Dated July 19 2024 Signature of a hember or authorized representative of a member Fritz Jean Baptiste Typed or printed name of signee

Filing Fee: \$25.00