

**L240002743253**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover 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.

((1124000274325 3)))



H240002743253ABCS

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 : LAXMY'S CARRIER SERVICES  
Account Number : 120040000007  
Phone : (305)640-0281  
Fax Number : (305)489-2902

2024 AUG 15 AM 3:55  
FILED  
CLERK OF COURT  
JANET H. HARRIS

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

Email Address: LAXMYSCARRIER@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CO TRANSPORT SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY

AUG 16 2024

RECEIVED  
2024 AUG 15 10:31 AM  
CLERK OF COURT  
JANET H. HARRIS

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: CO TRANSPORT SERVICES LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIA OLIVERA

\_\_\_\_\_  
Name of Person

CO TRANSPORT SERVICES LLC

\_\_\_\_\_  
Firm/Company

16055 SW 54TH TER

\_\_\_\_\_  
Address

MIAMI, FL 33185

\_\_\_\_\_  
City/State and Zip Code

LAXMYSCARRIER1@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAXMY CHACON

305 640-0281  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 enclosed)

**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**

CO TRANSPORT SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2024 AUG 15 AM 3:56  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/06/2024 and assigned  
Florida document number L24000345079.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

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>	<u>Type of Action</u>
AMBR	OMAR ARRIOLA	16055 SW 54TH TER	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33185	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Claudia de las Mercedes Olivera	16055 SW 54TH TER	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33185	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 SEP 15 PM 3:56  
FILED  
FALL HARBOR, NY  
CLERK OF COURT

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

REC'D  
TALLAHASSEE  
FEB 11 1964


FILED  
AUG 15 4 13:56  
TALLAHASSEE, FLA.

F. Effective date, if other than the date of filing: 08/15/2024 (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 AUGUST 15TH 2024

AUGUST 15TH 2024

  
\_\_\_\_\_  
Member or authorized representative of a member

CLAUDIA DE LAS MERCEDES OLIVERA

Typed in printed name of signee

**Filing Fee: \$25.00**