

VIA

L24 000 358 365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

09/25  
not

Office Use Only



300435949173

2009-11-05 10:00  
Filing Office

TO: Registration Section  
Division of Corporations

SUBJECT: RAYURY TRANSPORT 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:

RAISBEL MILIAN RAMOS

Name of Person

RAYURY TRANSPORT LLC

Firm/Company

1012 NE 34TH TER

Address

CAPE CORAL, FL 33909

City/State and Zip Code

raybel1976@gmail.com

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

For further information concerning this matter, please call:

RAISBEL MILIAN RAMOS

239 355-4778  
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

TO  
ARTICLES OF ORGANIZATION  
OF

RAYURY TRANSPORT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/15/2024 and assigned  
Florida document number L24000358365.

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:

RAISBEL MILIAN RAMOS

New Registered Office Address:

1012 NE 34TH TER

*Enter Florida street address*

CAPE CORAL

*City*

Florida 33909

*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

or removed from our records:

MGR = Manager


AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>          | <u>Address</u>                     | <u>Type of Action</u>                      |
|--------------|----------------------|------------------------------------|--|
| MGR          | RAISBEL MILIAN RAMOS | 1012 NE 34TH TER, CAPE CORAL 33909 | <input checked="" type="checkbox"/> Add    |
|              |                      |                                    | <input type="checkbox"/> Remove            |
|              |                      |                                    | <input type="checkbox"/> Change            |
| MGR          | RAISBEL MILAN RAMOS  | 1012 NE 34TH TER, CAPE CORAL 33909 | <input type="checkbox"/> Add               |
|              |                      |                                    | <input checked="" 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            |

*(Additional sheets, if necessary.)*

(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.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fee: \$25.00**