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(((H24000384068 3)))



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To:

Division of Componations

Fax Number : (858)617-6383

From:

Account hame : INTERSTATE CARRIER SERVICE CORP

Account Number : 128169900643 : (786)346-6296 : (305)583-6979 Phone Fax Mumber

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMELIE TRANPSORT LLC

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Help

K. SALY DEC - 3 2024 Page: 2,of 7

850-617-6381

2024-12-02 20:10:23 GMT

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From: INTERSTATE CARRIER SERVICE

11/20/2024 10:20:48 AM PAGE 1/001 Fax Server



November 20, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

AMELIE TRANPSORT LLC 8906 W FLAGLER ST APT 104 MIAMI, FL 33174

SUBJECT: AMELIE TRANPSORT LLC

REF: L24000481037

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please state the action (add, remove, change) you wish for JOSE MANUEL GONZALEZ AL. Also, it appears that not all of Jose's name is there.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245~6051.

Karen A Saly Regulatory Specialist II

FAX Aud. #: H24000384068 Letter Number: 624A00025360 Registration Section

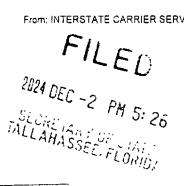
ro:

From: INTERSTATE CARRIER SERVICE

## **COVER LETTER**

Div	ision of Corpo	rations		
		ANSPORT LLC		
SUBJECT:		Name of Limitor	Liability Company	<del></del>
		nendment and fee(s) are submi- tence concerning this matter to		
Please ILILI	Tati correspond		-	
		LOURDES GARCIA		
			Name of Person	
		INTERSTATE CAPRIER S	ERVICE	The second secon
			Firm/Company	
		8906 W FLAGLER ST APT	104	
			Address	- <del> </del>
		MIAMI FL 33!74		
			City/State and Zip Code	
		INTERSTATECARRIERSE	RVICE@YAHOO.COM	×
			be used for future armuni report notif	in (Line)
har further	information co	oucerning this matter, please ca		
LOURDE	S GARCIA		305 6408995 at () Area Code Daytim	A Standard
	Name of	f Person .	Area Code Daytini	e Telephone Number
Enclased	is a check for th	ne following amount:		
	0 Filing Fee	en can an office E f.	□ \$55.00 Filing Fee &     Certified Copy     (additional copy is exclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
•	Mailing Addre Registration Division of G P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Si Division of Co The Centre of 2415 N. Mont Tellahasans, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AMELIE TRANPSORT LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) Sility Compiny)
The Articles of Organization for this Limited Liability Company we Florida document number L24000481037	ere filed on 11/13/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
AMELIE TRANSPORT LLC  The new name must be distinguishable and contain the words "Limited Liability	the designation "I (" or the abpreviation "L1(."
The new name must be distinguishable and contain the words "Limited Liability	
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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signiture, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to morely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

From: INTERSTATE CARRIER SERVICE

## 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

litle	Name	Address	Type of Action
AMBR	JOSE MANUEL GONZALEZ	8906 W FLAGLER ST APT 104	Xivid
	AWAREZ	MIAMI FL 33174	Bkeniove
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			□ Change
			□Add
			EJRemove
			□Aéd
			□ Remove

Effective date. If other than the date of filing:	(1 ainchwag any out	tion, enter change(s) here: (Attach additional sheats, it necessary.)
Effective date, if other than the date of filing:  (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 filling 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 ecord is filed.  NOV 19  2024  Signifiate of a member of authorized representative of a member	ه خاطب المستون في المواد المستون المستون المواد المداد في المواد المستون المواد المواد المواد المواد	
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Filing Fee: \$25.00