

L24000481037

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.

((H24000384068 3)))



H24000384068 3

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 : INTERSTATE CARRIER SERVICE CORP
Account Number : 120160000043
Phone : (786)346-6290
Fax Number : (305)503-6979

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

Email Address: interstatecarrier-service@carrier.com

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

DEC - 3 2024

FILED

2024 DEC -2 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024-12-02 11:45:05

STATE OF FLORIDA

To:

Page: 2 of 7

2024-12-02 20:10:23 GMT

13055036979

From: INTERSTATE CARRIER SERVICE

850-617-6381

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

Fax Server



November 20, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

SUBJECT: AMELIE TRANSPORT 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

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **AMELIE 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:

LOURDES GARCIA

 Name of Person

INTERSTATE CARRIER SERVICE

 Firm/Company

8906 W FLAGLER ST APT 104

 Address

MIAMI FL 33174

 City/State and Zip Code

INTERSTATECARRIERSERVICE@YAHOO.COM

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

For further information concerning this matter, please call:

LOURDES GARCIA

 Name of Person

305

at (_____) _____
 Area Code

6408995

 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)

☐ \$65.00 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**

AMELIE 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 11/13/2024 and assigned
Florida document number L24000481037

This amendment is submitted to amend the following:

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

AMELIE TRANSPORT LLC

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

City, Florida 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

FILED
2024 DEC -2 PM 5:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	JOSE MANUEL GONZALEZ	8906 W FLAGLER ST APT 104	<input checked="" type="checkbox"/> Add
	ALVAREZ	MIAMI FL 33174	<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

MAILED 3-2 PM 5:26
 FILED
 RECEIVED
 DEPT. OF TRANSPORTATION
 SECURITY

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-11-2001 BY 60322 UCBAW

FILED
2024 DEC -2 PM 5:26
SECURITY INFORMATION
TALLAHASSEE, FLORIDA

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 NOV 19 2024

Signature of a member or authorized representative of a member

JOSE MANUEL GONZALEZ ALVAREZ

Typed or printed name of signee

Filing Fee: \$25.00