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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H19000174386 3)))



H190001743863ABC6

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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FALL RIVER, FLORIDA

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRANSITWORKS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

5 PAGE FAX

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SUBMISSION DATE OF 05/31/2019

Electronic Filing Menu

Corporate Filing Menu

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K. SALY

JUN - 7 2019

850-617-6381

6/4/2019 9:28:59 AM PAGE 1/001 Fax Server



June 4, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRANSITWORKS, LLC
4199 KINROSS LAKES PARKWAY, SUITE 300
RICHFIELD, OH 44286US

SUBJECT: TRANSITWORKS, LLC
REF: M18000002118

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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Scott
Regulatory Specialist II

FAX Aud. #: H19000174386
Letter Number: 819A00011076

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: TransitWorks, LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M18000002118

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: March 1, 2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Driveerge Vehicle Innovations, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

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TALLAHASSEE, FLORIDA

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 TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Mark Minatel
 Signature of the authorized representative

Mark Minatel, President

 Typed or printed name of signee

Filing Fee: \$25.00

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DRIVERGE VEHICLE INNOVATIONS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2120891, was organized within the State of Ohio on July 11, 2012, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 4th day of June, A.D. 2019.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201915502982

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
6th day of June, A.D. 2019.

Ohio Secretary of State

Frank LaRose

Validation Number
201915700502

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Form 543A Prescribed by

OFFICE OF THE
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | Busserv@OhioSecretaryofState.gov
 File online or for more information: www.OHBusinessCentral.com

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50
Form Must Be Typed

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 TALLAHASSEE, FLORIDA

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

07/11/2012

Date of Formation
 (MM/DD/YYYY)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

MM/DD/YYYY

Date of Formation
 (MM/DD/YYYY)

The undersigned authorized representative of:

TRANSITWORKS, LLC

Name of Limited Liability Company

2120891

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Drivege Vehicle Innovations, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd."

This limited liability company shall exist for a period of:

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

/s/William M. Koebnitz

Signature

By (if applicable)

William M. Koebnitz, Manager

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

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STATE
CLERK
ALBANY, OHIO