120000352725

(Red	juestor's Name)	
(Add	fress)	
(Add	lress)	
·	·	
(City	//State/Zip/Phone	
(City	7State/Zip/Priorie	= # <i>)</i>
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(244		,
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Consist Instructions to F	Dian Officer	
Special Instructions to F	iling Officer:	
		}

Office Use Only



100355945701

12/07/20--01033--020 ++30.00

"41 22 2021 S. YOUNG 928 DEC -7 PM 6: 42

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

eud rect.	GOD IS GOOD Mr A	TRANPORTATION LLC			
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	ALIUS ESTAFORT				
		Name of Person			
	GOD IS GOOD Mr A TRANSPORTATION LLC				
	Firm/Company				
	3592 SOMERSET PARK DRIVE				
	Address				
	ORLANDO,FL 32824				
		City/State and Zip Code			
	ALIUSESTAFORT20@GMAIL.COM				
	E-mail address: (to be used for future annual report no	tification)		
For further information co	oncerning this matter, please ca	all:			
Name of	Person	at () Area Code Daytii	me Telephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>ر</u> : :

GOD IS GOOD MR A TRANSF	PPORTATION LLC		- B
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	11/06/2020	and assigned
This amendment is submitted to amend the following:			73
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
GOD IS GOOD Mr A TRANSPORTATION	N LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3592 SO	MERSET DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	ORLANI	OO, fl.32824	
Enter new mailing address, if applicable:	3451	RIVER PARK DR #	2221
(Mailing address MAY BE A POST OFFICE BOX)	FORT WORTH,	TEXAS 76116	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		cords, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:	ALIUS ESTAFORT		
New Registered Office Address: 3.	592 SOMERSET PA	RK DRIVE	
	Enter Florida street address		
	ORLANDO	, Florida	32824
	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>	Address	Type of Action
MGR	ALIUS ESTAFORT	3592 SOMERSET PARK DR,ORLANDO fl32824	🔼 🔼 Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			Change
			□Add
			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Signature of a member or authorized pepresentative of a member