## LZO 000 371004

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Enrity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration of Elizabeth Control
Special Instructions to Filing Officer:
<u></u>

Office Use Only



100370077951

07/19/21--01038--005 \*\*35.00



C KIUZE WAR - 4 SOS,

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	vis Cross	Transport, LL	<u></u>
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Dessi	Ca Crisosto Name of Person	<u>~2</u>
	(Ins Cros	Name of Person  S Transport, Lo  Firm/Company	
		Fimt/Company	
	1201 Kinsr		
	_		
	Pluburnda	City/State and Zip Code	
	1100	Chyrolate and Zip code	
	E-mail address: (t	5 transport @ J Ma o to be used for future annual report notific	ation)
For further information con	ncerning this matter, please ca	ali:	,
Freddie	Crisssom	at (863 ) 272 -	5368
Name of	Person	Area Code Daytime	Felephone 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)
<u>Mailing Address:</u> Registration Se		<u>Street Address:</u> Registration Secti	ion
Division of Corporations		Division of Corpo	orations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Transpor	4, CCC_	
iability Company as it now app lorida Limited Liability Company	ears on our records.) y)	<del></del>
	11/24/20	20 and assigned
ıg:		
limited liability company	here:	
"Limited Liability Company," th	e designation "LLC" or the a	abbreviation "L.L.C."
<u></u>		
DDRESS)		
tered office address on ou	<u> </u>	S S S
ere:		
Dessica	Chisoshor	<i>&gt;</i>
1201 Kinsman	Pr.	
Auburle City	, Florida	338 Z <b>3</b>
		•
	ity Company were filed on The Company were f	Enter Florida street address  Elimited Liability Company," the designation "LLC" or the analysis of the series of

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 Now 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>	Name	Address	Type of Action
AMBR	Freddie Crisostono	1201 linsmen Dr. Aubundal, R 33823	XAdd
		Aubundale, R 33823	□Remove
			Change
Amer	Jeosia Chisoshom	1201 Kinsman Dr.	□Add
		Auguntet, R 338 63	Remove
		<del></del>	□ Change
<u> </u>			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

). If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective d Note: If the	te, if other than the date of filing:
f the record speci ecord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	July 14, 2021
$\subseteq$	Signature of a member or authorized representative of a member
	Jessia Crissosomo Typed or printed name of signee