121 000104774

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· the

Office Use Only



700375634867

11/08/21--01027--010 **35.00

2621 (PC 10 AH 7: 29

Hillind

DEC 1 6 2021

ALBRITTON

COVER LETTER

TO:

ORT LLC			
Name of Limi	ted Liability Company		
ent and fee(s) are sub	mitted for filing.		
oncerning this matter t	to the following:		
nis D. Malave			
	Name of Person		
TY20 TRANSPORT	LLC		
· · · · · · · · · · · · · · · · · · ·	Firm/Company		_
'erona Pl			
	Address		
ENPORT, FL 33897			
	City/State and Zip Code		
~ -		most notification)	
		report notification)	
	•• • •		
	Area Code	Daytime Telepho	one Number
ng amount:			
0.00 Filing Fee & ertificate of Status	Certified Copy		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
ons	Divisio	n of Corporatio	
4			
	Name of Limitent and fee(s) are substanceming this matter aris D. Malave TY20 TRANSPORT Verona Pl ENPORT, FL 33897 ismalave@gmail.com E-mail address: (i) g this matter, please can rig amount: 0.00 Filing Fee & ertificate of Status	Name of Limited Liability Company ent and fee(s) are submitted for filing. In the property of the following: In the following: Name of Person TY20 TRANSPORT LLC Firm/Company Perona Pl Address ENPORT, FL 33897 City/State and Zip Code ismalave@gmail.com E-mail address: (to be used for future annual general address: (to be used for future annual	Name of Limited Liability Company ent and fee(s) are submitted for filing. In the property of the following: In the property of the property of the following: In the property of the property of the following: In the property of the property of the following: In the property of the property

Tallahassee, FL 32303



2021[77][3 77: 8: 22

Letter Number: 821A00028643

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2021

AMAURIS D. MALAVE 118 VERONA PL DAVENPORT, FL 33897

SUBJECT: TWNTY20 TRANSPORT LLC

Ref. Number: L21000104774

We have received your document for TWNTY20 TRANSPORT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton Regulatory Specialist III

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records. mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000104774</u>	npany were filed on 03/04/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2821 DFT
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
		E 3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>'0</u>
B. If amending the registered agent and/or registered o	ffice address on our records, enter t	he name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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 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
MGR	Gabriel A. Malave	118 Verona Pl. Davenport, FL 33897	≅ Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			□ Change
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change

					
			· · · · · · · · · · · · · · · · · · ·		
		 -			
	-				
		<u></u>			
			<u>. </u>		
					
	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
			· · · · · · · · · · · · · · · · · · ·		
	12.	/04/2021			
ective date, if other than the n effective date is listed, the date muster: If the date inserted in this blument's effective date on the D	date of filing: at be specific and cannot ock does not meet the	ot be prior to date of he applicable sta	of filing or more than tutory filing requir	(optional) 90 days after filing.) Prements, this date wi	tursuant to 605.020 ill not be listed as
ecord specifies a delayed effectives filed.	e date, but not an ef	Tective time, at 1	12:01 a.m. on the c	earlier of: (b) The s	90th day after the
December 4	, 202				
Amauris	4.				
- Mauris	Malar	<u>~</u>			

Filing Fee: \$25.00