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Office Use Only



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## **COVER LETTER**

TO:

	istration Se sion of Cor						
	TOP LADIES SERVICES LLC						
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		LUCY K ESPINOZA					
			Name of Person				
		TOP LADIES SERVICES	LLC				
		-	Firm/Company	<del></del> :	: ;		
		474 LEAWOOD CIR		· '	:		
			Address	:	:		
		NAPLES, FL 34104		·- ! (-	•		
			City/State and Zip Code		:		
		LUCYESPINOZA0120@G			. !		
		E-mail address; (	to be used for future annual report noti	fication)	; i,		
For further in	formation co	oncerning this matter, please ca	all:				
LUCY ESPIN	√OZA		239 628-9790 at ( )				
	Name of	Person		e Telephone Number			
Enclosed is a	check for th	e following amount:					
□ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy is en	tus &		
	ing Address istration S		<u>Street Address:</u> Registration Se	ction			
Division of Corporations			Division of Corporations				
	. Box 632		The Centre of T				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOP LADIES SERVICES 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  $\frac{06/21/2021}{2}$ and assigned Florida document number L21000287122 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROUTE 3 TRANSPORT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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.

\_, 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>	Address	Type of Action
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			□Remove
			Change
	<del></del>		□Add
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Filing Fee: \$25.00