

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

TO: Registration So Division of Cor			
SUBJECT: SW T	iransportation Sei	MCE LLC	
Sobsect. St. 1	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shemeka Wa	Name of Person	
		Firm/Company	
	6409 N. 24th S	Freet Address	
	Tampa, FL 331	Q O City/State and Zip Code	
	Swarren 2010t E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c		
Shemeka War	ren f Person	at (<u>§13</u>) <u>205~3</u> Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne 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)
Mailing Addres Registration S	_	<u>Street Address:</u> Registration So	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUED

5 W Transportation Service	LLC 2027 JUN 27 PH 1: 10
Name of the Limited Liability Comp	Dany as it now appears on our records.) Liability Company)
(, t /) in the Billings	TATELLE
The Articles of Organization for this Limited Liability Compan	v were filed on 5 11 2022 and assigned
Florida document number L2200022327	
Florida document number Laauuvaaaaa.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
CIANINAC LOU Changela Malaca	Chrisce
The new name must be distinguishable and contain the words "Limited Lids	Service LLO
The new name must be distinguishable and contain the words "Limited Llas	unity Company, the designation (LLC) or the appreviation (L.C.)
Enter new principal offices address, if applicable:	6409N.24th Street
(Principal office address MUST BE A STREET ADDRESS)	Tampa F1 33/010
The spin of the wall cost to be to b	1017 11 00 00 10
	() () () ()
Enter new mailing address, if applicable:	6404 N. a4th Street
(Mailing address MAY BE A POST OFFICE BOX)	Tamoa FL 33611)
D. If amounding the architectual and and the architectual accurate	
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent and of the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
The Magnetica Office Madress.	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

• If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			🗆 Remove
			□Change
			□Add
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If an effe Note:	tive date, if other than the date of filing:
e 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 ed.
Dated <u>-</u>	Shemeka L. Warren Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Shemeka L. Warren