L22000362736

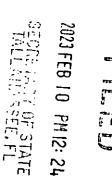
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corpor	ations				
SUBJECT: HAG	elic Roa Name of Lim	ds Transpa	ort		
The enclosed Articles of Am	endment and fce(s) are sub	mitted for filing.			
Please return all corresponde	nce concerning this matter	to the following:		·· ~	
	•	ngel Hill Name of Person		2023 FEB O PH 2: 24 SECRE WAY OF STATE TALL/ITASSEE, FL	
	·	Firm/Company		2: STA	A-22.0
	1329	NW 70 St Address		7E	
		Address / Flerida / 3 City/State and Zip Code			
_	angelicr	City/State and Zip Code Oad 5 + Tan 5 pov- to be used for future annual report notifi	10 9 Ma	il . Cor	7)
			ication)		
For further information conce	•				
Hingel	Hi 11	at (305) 30 Area Code Daytime	5-292	5	
Name of Per	rson	Area Code Daytime	Telephone Number		
Enclosed is a check for the fo	ollowing amount:				
□ \$25.00 Filing Fee	2 \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Address: Registration Sectorision of Corp P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	oorations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Angelic Roads Transport LL Name of the Limited Liability Company as it now appears on our records.)	<u>C</u>
(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 August 17	, 2027 and assigned
Florida document number <u>L27000362736</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	S 26
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	OF PE
(Mailing address MAY BE A POST OFFICE BOX)	FFN 2
	<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:	name of the new registered
Name of New Registered Agent: Angel Hill	
New Registered Office Address: 1329 NW 705t	
Enter Florida street address	23147

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.

f 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
			□Add
			□Remove
			□Change
			□Remove
			Change
			E. FL
			□Remove
		~	Change
			□ Remove
			□Add
			🗆 Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

January Signature of a member of authorized representative of a member or printed name of signce

Filing Fee: \$25.00