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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:

TO: Registration Se Division of Cor				s 1
5C Transpo	ort LLC	ıξ	# #	•
SUBJECT:	Name of Lim	ited Liability Company		·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Skyi Hubbard			
		Name of Person		_
	New Business Filing			
		Firm/Company		2022 051
	8170 Washington Village	Drive		
		Address		- 19
	Dayton Ohio 45458			
	Dayton Onio 4,94,56	City/State and Zip Code		_ =
		Chyrstaic and Zip Code		. 6
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Skyi Hubbard		888 7016450		
Name o	f Person	at ()	ne Telephone Numbe	er
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addres		<u>Street Address:</u> Registration Se	ection	
Registration S Division of C		Division of Co		
P.O. Box 632	27	The Centre of		010
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite	81U

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rs on our records.)
/30/2022 and assigned
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lesignation "LLC" or the abbreviation "L.L.C."
2020 C TO
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· **!
<u> </u>
ecords, enter the name of the new reg
rida street address
, Florida Zip Code
Vin Code

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 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>	Name	Address	Type of Action
AMBR	Anthony Chandie	2600 SW 10th St Apt 2804 Ocala Florida 34471	• Add
			□Remove
			□Change
			🗆 Add
			Remove
			CD Change
		- .	Add 9
			☐Remove
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