106000098241

(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:

Office Use Only



300438749963

11/01/24--01021--003 **25.00

SECOL DULY OF STATE

COVER LETTER

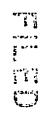
Div	ision of Corp	porations				
CUDIECT.	Citrus Trans					
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please returr	all correspo	ndence concerning this matter t	to the following:			
		Eric C. Mack				
			Name of Person			
		Citrus Transport, LLC				
		Finn/Company				
		9850 New Berlin Road				
			Address	. 		
		Jacksonville, FL 32226				
		christy@damespointlogistic				
For further i	nformation co	E-mail address: (to oncerning this matter, please ca	o be used for future annual report notificall:	cation)		
Eric C. Mac			904 683-6762			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e 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)		
Ma	illing Addres	<u>5:</u>	Street Address:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 SECKLINGY OF STATE



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Citrus Transport, LLC		<u></u>
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited L Florida document number L06000098241	Liability Company were filed on $\frac{10}{2}$	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	ecords, <u>enter the name of the new regis</u>
Name of New Registered Agent:	Eric C. Mack	
New Registered Office Address:	9850 NEW BERLIN ROAD	
	Enter Flor	rida street address
	JACKSONVILLE	. Florida 32226 Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register provisions of all statutes relative to the pro		

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

ა 5 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>	<u>Address</u>	Type of Action
MGR	ERIC C. MACK	9850 NEW BERLIN ROAD	■Add
		JACKSONVILLE, FL 32226	□Remove
			Change
MGR	KELLY LAWHON	9850 NEW BERLIN ROAD	🗆 Add
		JACKSONVILLE, FL 32226	Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
			\ _Add
			□Remove
			□Add
			Remove 28 Change
			OV Add PH Remove 35
			rn Ch ange

	<u> </u>						_
					<u></u>		_
							_
							_
							_
							er-ak
							_
•							
			<u> </u>				_
						<u>.</u>	
							_
							_
				··			-
							_
		<u> </u>					_
							_
			 				_
Effective date, if other than the c	be specific and ok does not n	d cannot be prior to meet the applica	to date of filing or r	nore than 90 days	o ptional) after filing.) Pu , this date wil	rsuant to 6 I not be li	05.0207 (2 sted as th
f an effective date is listed, the date must Note: If the date inserted in this block							
fan effective date is listed, the date must Note: If the date inserted in this blod document's effective date on the Department of the perfective specifies a delayed effective	date, but not	an effective tii	me, at 12:01 a.m.	on the earlier o	f: (b) The 90	Oth day af	ter the
fan effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Deperture record specifies a delayed effective dis filed. OCTOBER 30	date, but not	an effective tii	me, at 12:01 a.m.	on the earlier o	f: (b) The 90	Oth day af	
fan effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Deperture record specifies a delayed effective dis filed. OCTOBER 30	date, but not		ne, at 12:01 a.m.	on the earlier o	f: (b) The 90	Oth day af	
fan effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Deperture record specifies a delayed effective rd is filed. OCTOBER 30 Dated		. 2024	-: > CM	orb-	f: (b) The 90	Oth day af	
If an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Depeter record specifies a delayed effective rd is filed. Dated OCTOBER 30		. 2024	ne, at 12:01 a.m.	orb-	f: (b) The 90	Oth day af	2024 NOV - 1 PM

Filing Fee: \$25.00