## L06000119535

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## COVER LETTER

TO: Registration S Division of Co			
	RANSPORTATION, LIMITED	LIABILTY COMPANY	
SUBJECT:	Name of Lir	ited Liability Company	:
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
	pondence concerning this matter	•	
	Martha Pacz		
;		Name of Person	•
		Firm/Company	
	225 E. Robinson Street, So	<u> </u>	
	Orlando, FL 32801	Address	ę
		City/State and Zip Code	
	Martha.Paez@atecsystems. E-mail address: (	com to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	. <b>(</b>
Martha Paez		407 949-2014 at ()	
Name	of Person	· Area Code Dayt	ime Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee J	orporations Tallahassee roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 DEC - 4 ATTIO: 11

ATEC TRANSPORTATION, LIMITED LIABILTY COMPANY	
(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 December 15, 2006	and assigned
lorida document number L06000119535	•
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Michael L. Clements III, LLC	;
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u></u>
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Enter new mailing address, if applicable:	. <u> </u>
Mailing address MAY BE A POST OFFICE BOX)	·
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3. If amending the registered agent and/or registered office address on our records, enter the namingent and/or the new registered office address here:	e of the new regist
igent and/or the new registered office address here.	
Name of New Registered Agent:	<u> </u>
Name of New Registered Agent.	<u></u>
New Registered Office Address:  Enter Florida street address	
, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent:	says come
I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag provisions of all statutes relative to the proper and complete performance of my duties, and I am j	
novisions of an statutes relative to the proper and complete performance of my tatties, and I am face accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or,	

If Changing Registered Agent, Signature of New Registered Agent

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 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
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		·	□Change
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ffective date, if other than the date of fill an effective date is listed, the date must be specific a lete: If the date inserted in this block does not ocument's effective date on the Department of	meet the applicable statutory filin	ng requirements, this date wi	arsuant to 605,0207 If not be listed as
e record specifies a delayed effective The 90th day after the record is filed	date, but not an effective	time, at 12:01 a.m. on	the earlier of
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Page 3 of 3

Filing Fee: \$25.00