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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: of Limited Liability Company Name

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

<u>achan</u> Name of Person rm/Company PI lar 736 ate and Zin E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

at (<u>352) 255 - 5173</u> Area Code Daytime Telephone Number lachar Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF TO ARTICLES OF O O Dichard Transport (<u>Name of the Limited Liability Compar</u> (A Florida Limited L	D RGANIZATION
The Articles of Organization for this Limited Liability Company Florida document number <u>LICCCCB 8539</u> .	were filed on <u>August 24, 2008</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "LLC." <u>625 Del Pilar Dr. Graveland</u> , <u>FL, 34736</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	625 Del Pilar Dr., Groveland, FL, 34736
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	

New Registered Office Address:

Enter Florida street address

Zip Code

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AHBR	Radha Rammuth	1129 sea eagle avenue, (Stoveland Add
		1129 sea eagle avenue, (FL, 34736	E Remove
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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) <u>Note:</u> 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.

 Dated	Tune 28	. 2022 .	
		- R C	
		Signature of a member or authorized representative of a member	
		Taachon Kamnauth	

Typed or printed name of signee