

L14 000025620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

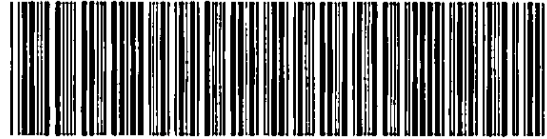
(Business Entity Name)

(Document Number)

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FILED
SECTION OF STATE
DIVISION OF CORPORATIONS
22 APR 15 PM 10:19

T. MATTHEWS

MAY 18 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIG D TRANSPORT, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DERWIN L. ALLEN

Name of Person

BIG D TRANSPORT, LLC

Firm/Company

10854 INDIES DR N

Address

JACKSONVILLE, FL 32218

City/State and Zip Code

derwinallen22@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DERWIN L. ALLEN

904

424-5652

at ()

Name of Person

Area Code

Daytime 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 Address:

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 AMENDMENT²²
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 15 PM 10:19

BIG D TRANSPORT, LLC

(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 02/13/2014 and assigned
Florida document number L14000025620.

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 the abbreviation "LLC."

Enter new principal offices address, if applicable:

10854 INDIES DR N

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32218

Enter new mailing address, if applicable:

10854 INDIES DR N

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE, FL 32218

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DERWIN L. ALLEN

New Registered Office Address:

10854 INDIES DR N

Enter Florida street address

JACKSONVILLE

City

Florida 32218

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.



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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DERWIN L. ALLEN	10854 INDIES DR N	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		JACKSONVILLE, FL 322456	<input type="checkbox"/> Change
CEO	WILLIAM JOHNSON	754 MCDANIEL DR NW	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		ATLANTA, GA 30309	<input type="checkbox"/> Change
AMBR	KEWANNA POOLE	11852 WEST CHERRY BARK DR	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32218	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Deane L. Allen
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00