1/28/25, 6:22 PM

Division of Corporations

# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

C41	Address:			
emall.	Address:			

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEON TRANSPORT LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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Electronic Filing Menu Corporate Filing Menu

Help

### **COVER LETTER**

	gistration Sec vision of Corp			
cup (Per.		NSPORT LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	ı all correspor	ndence concerning this matter	to the following:	
		Erik Treutlein		
		-	Name of Person	
		Legalzoom.com, Inc.		
		·	Firm/Company	<del></del>
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
			City/State and Zip Code	
		manny.lcon62@yahoo.com		
		E-mail address: (t	o be used for future annual report notif	ication)
For further i	nformation co	ncerning this matter, please ca	ill:	
Erik Treutle	in		800 773-0888 at ( )	
	Name of	Person	Area Code Davtime	: Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 F	filing Fee	S30.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEON TRANSPORT LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited l	ny a <u>s it now appears on our records.</u> ) Liability Company)			
The Articles of Organization for this Limited Li Florida document number 1.14000071732	ability Company	were filed on	and assigned		
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil	hty Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applications		3230 Conservation Pl, Apt 205			
(Principal office address MUST BE A STREE		Mclbourne, FL 32934			
Enter new mailing address, if applicable:		3230 Conservation Pl, Apt 205	<b>202</b>		
(Mailing address MAY BE A POST OFFICE I	BON)	Melbourne, FL 32934			
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered of fice address here	ffice address on our records, <u>ent</u>	er-the name of the new		
Name of New Registered Agent:	UNITED STAT	TES CORPORATION AGENTS, INC.	를 <b>2</b> 		
New Registered Office Address:	476 Riverside A	lve.			
	. —	Enter Florida street address			
	Jacksonville	, Florida	32202		

### 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

True Translation Interesting Assistant Secretary, Inc.

True Translation Agents, Inc.

True Translation Agent, Signature of New Registered Agent

Zip Code

To:

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>	Address	Type of Action
AMBR	LEON, MANUEL DAVID		□ Add
			☐ Remove
		3230 Conservation PI, Apt 205 Melbourne, FL 32934	<b>□</b> Change
			☐ Remove
			☐ Change
			Remove
			□ Change
·			
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			□ Change

D. If amen	ding any other info	rmation, enter change(s) here: (Attach o	idditional sheets, if necessary)	
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<del></del>			• • • • • • • • • • • • • • • • • • • •	
F Effective	date if other than	the date of filing:	(antional)	
		the date of filing: must be specific and cannot be prior to date of filing.		
		s block does not meet the applicable statutor e Department of State's records.	y filing requirements, this date will n	of be fisted as the
		•		
If the reco	rd specifies a dela	yed effective date, but not an effect	ive time, at 12:01 a.m. on th	ne earlier of:
	Oth day after the			
Dated	/28	2025		
	/S/ Manuel D			
	Managradi	Signature of a member or authorized represen	native of a member	
	Manuel David Leon			

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Typed or printed name of signee

Filing Fee: \$25.00