415 000 1380 70

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



500394160655

10/04/22--01029--001 **25.00



COVER LETTER

SUBJECT: Connect Transportation 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: Victoria Reese Name of Person		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Victoria Recse Name of Person		
Victoria Reese Name of Person 1 Connect Transportation LC Firm Company	endment and fee(s) are submitted for filing.	
1 Connect Transportation LC Firm/Company	nce concerning this matter to the following:	
, and stampany	Victoria Reese Name of Person	
168 Sims Creek lane 3	1 Connect Transportation LC	
	168 Sins Creek lane 3 Address	
Tspoter, FC 33458 City/State and Zip Code	Tspeter, FC 33458 City/State and Zip Code	
Yictoria @ ez-flinsure.com E-mail address: (to be used for future annual report notification)	Cictoria @ e2-flinsurc.com E-mail address: (to be used for future annual report notification)	
	at (561) 222-3881 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	ollowing amount:	
Certificate of Status Certified Copy Certificate of Status &	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 Connect Transportation	LLC	
(A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number <u>4150001380</u> .70		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ligh	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	T Cleaning Supplies	by abbreviation "L.C."
Enter new principal offices address, if applicable:	600 Capital S	/-
(Principal office address MUST BE A STREET ADDRESS)	Unit H JUDINET FL 3	13458
		
Enter new mailing address, if applicable:	201 NUS Highe	lact 1
(Mailing address MAY BE A POST OFFICE BOX)	3+c 0-10, # 10	SECOND TO
	Typher, FL 3347	77
B. If amending the registered agent and/or registered office :	address on our resords unter the	aumo of the first want to work
agent and/or the new registered office address here:	aduress on our records, enter the t	iame of the new registered
		OF S. SEEE.
Name of New Registered Agent:		FA 51
New Registered Office Address:		m
	Enter Florida street address	
	Florida	·
·	City	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 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
			□Add
			□Remove
			□ Change
			□Remove
			□Change
	 _		□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			🖸 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Chance

								_
								_
						 -		_
-								_
								_
								_
								_
								_
							<u> </u>	_
								_
		-						_
								_
				. <u>.</u>				_
								_
								_
						_		_
n effective date <u>te:</u> If the dat	if other than the is listed, the date mus e inserted in this bl ctive date on the De	st be specific and ock does not r	d cannot be price meet the appli	or to date of filing icable statutory			ig.) Pursuant to 60	
s filed.	s a delayed effectiv						The 90th day aft	er the
ed Lep	ka ker Vielenia	30	. 2022	·				
΄.	./.		D					
ر)	ictoria		/ / / / /		_			

Filing Fee: \$25.00