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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

	Registration Se Division of Cor					
SUBJEC		ENTIVE TRANSPORT, LLC				
SUBJEC	.1;	Name of Lim	ited Liability Company	· · ·		
The encle	osed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		ANTHONY WARRICK				
			Name of Person		2019. . <u>Li</u>	
		4094 GARDNER DRIVE	Firm/Company		2019 APR - 5	FER
		PORT CHARLOTTE, FLO	Address ORIDA 33952		PH 4: 04	
		runnmantrans@gmail.com	City/State and Zip Code		•	
For further	er information co	E-mail address: (oncerning this matter, please co	to be used for future annual report no all:	stification)		
	NY WARRICK		954 594-4766 at ()			
	Name of	f Person		me Telephone Number		
Enclosed	is a check for th	e following amount:				
□ \$ 25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C	orations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T&C ATTENTIVE TRANSPORT (Name of the Lim		any as it now appears on our rec Liability Company)	ords.)
	(A Florida Limited	Liability Company)	
e Articles of Organization for this Limited I	Liability Company	were filed on SEPTEMBER	27,2016 and assigned
orida document number L16000183956			
	10		
is amendment is submitted to amend the fol	iowing.		
If amending name, enter the new name of	of the limited liab	oility company here:	
INNINGMAN TRANSPORT, LLC			
new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	.LC" or the abbreviation "L.L.C."
ter new principal offices address, if appli	cable:	N/A	
ncipal office address MUST BE A STREET ADDRESS)			
¥'			APR
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ter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BOX)			75.
			-
If amending the registered agent and	l/or registered o	ffice address on our reco	rds, enter the name of the
istered agent and/or the new registered o	office address her	<u>·e</u> :	
Name of New Registered Agent:	N/A	<u></u>	
New Registered Office Address:	N/A		
		Enter Florida street ada	Iress
			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 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>	Type of Action
	N/A		Add
			Remove
	N/A 		Add
			☐ Remove
	N/A	 	☐ Change
	N/A		Add
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lf an effe <u>Note:</u> I	te date, if other than the date of filing: (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) f the date inserted in this block does not meet the applicable statutory filing requirements, this date vent's effective date on the Department of State's records.			
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.	on the e	arlier of	F:
Dated _	March 29, 2019			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00