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SECHTERRY OF STATE TALLAHASSEE, FLORIDA

2022 APR 29 PM 1: 33

'JUN 2 1 2022 S. PRATHER

COVER LETTER

TO:

Registration Section

Division of Corp	porations			
.			à d	
SUBJECT: M	S Businesses	LLC '	3	
		ited Liability Company		
The contest Addition of	Annual and forest was	arised for films		
The enclosed Articles of A	Amendment and fee(s) are sub	ninged for ning.		
Please return all correspon	ndence concerning this matter	to the following:		
	Gary L	Simmonds		
		Simmonds Name of Person		
	NIA			
	·	Firm/Company		
	11011 10	Character 1		
	4911 NW 18	Address		
		,		
	Lauderhill F	L 33313		
		City/State and Zip Code		
	Sugar+Quas	s-businesses. Co	~	
	E-mail address: (5 - businesses. Co to be used for future annual repor	rt notification)	
For further information co	oncerning this matter, please ca	all:		
_				
Gary L S	immonds Person	at (954) 63	7 - 9945	
Name of	Person	Area Code D	aytime Telephone Number	
Unabased in a shoot for th	full and a manner.			
Enclosed is a check for th	,			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &	
	Certificate of Status	(additional copy is enclosed		
			(additional copy is enclosed)	
Mailing Address:		Street Addre		
Registration Section		Registration		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, F			onroe Street, Suite 810	
- 411411400004 1			e. FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIN	OF	VIZATION	26 FA
	Or		122 J
MCS Business	. 110		APR
MGS Businesse	ted Liability Company as it no	ow appears on our records.)	FILE APR 29 HASSE
	(A Florida Limited Liability C	ompany)	FILED 2022 APR 29 PH FALLARASSEE, F
The Articles of Organization for this Limited I	iability Company were file	ed on 11-21-16	and assigned
Florida document number L 1 6000 21 2			PH essigned F. Dr. Gassigned EE. Flankfill.
			$\stackrel{\circ}{\triangleright}$ $\stackrel{\circ}{\sim}$
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name of	f the limited liability com	pany here:	
SB Family Transpo The new name must be distinguishable and contain the	rt LLC		
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: N/A		
(Principal office address MUST BE A STRE)	•		
		<u> </u>	
Enter new mailing address, if applicable:			
•			
(Mailing address MAY BE A POST OFFICE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	<u>-</u>		
B. If amending the registered agent and/or	registered office address	on our records, enter the nai	me of the new registered
agent and/or the new registered office addre			
Name of New Registered Agent:	NA	 	. <u> </u>
Mary Davistand Office Address			
New Registered Office Address:		Enter Florida street address	
		, Florida	
	City	, Figrida _	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register	ed agent and agree to act	t in this capacity. I further a	gree to comply with the
provisions of all statutes relative to the proj	per and complete perforn	nance of my duties, and I am	familiar with and
accept the obligations of my position as reg			
being filed to merely reflect a change in the company has been notified in writing of this		, i nereny conjurm inai ine ii	тией навину
, , , , , , , , , , , , , , , , , , ,	G		
N	(A		
		istered Agent, Signature of New R	egistered 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>	Name NIA	<u>Address</u>	Type of Action
			\ \to \Add
``			□Remove
			□Change
			□Add
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		_ ·. /	□Add
		<u> </u>	Remove
			□Change
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		-	Change
			□ Add
			□Remove
			□Change
	/		
			☐ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)		
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		•	
E. Effective date, if other than the date of filing: 4-26-22 (options (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.	ing.) Pursuant to 605	5.0207 (ted a s t	(3)(b) the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) record is filed.	The 90th day afte	er the	
Dated 4-26-22	(ALLAHASS	2022 APR 29 PH 1:	<u> </u>
Signature of a member or authorized representative of a member	<u> </u>	29	FILED
); SI	₽¥i	(I)
Cary L Simmunds Typed or printed name of signee		 ယ	

Filing Fee: \$25.00