117000178586

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/Otato/Zip/) Holic #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Basament Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

COVER LETTER

FO: Amendment Section Division of Corporations

AME OF CORPOR	AATION: BullFrog Transport	LLC	
OCUMENT NUME	BER:	***	
		bmitted for filing.	
lease return all corres	pondence concerning this ma	tter to the following:	
	Jeremiah Halversen		
		Name of Contact Persor	1
		Firm/ Company	
	1393 Leeward Ave		
		Address	
Address Spring Hill, FL 34606 City/ State and Zip Code ambergordy216@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: eremiah Halversen Name of Contact Person Area Code & Daytime Telephone Numb nelosed is a check for the following amount made payable to the Florida Department of State:			
		City/ State and Zip Code	3
	ambergordy216@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
or further information	n concerning this matter, pleas	se call:	
eremiah Halversen		at (⁷²⁷	815-2932
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
inclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy
Ame Divi P.O.	indment Section sion of Corporations Box 6327	Amend Divisio The Co 2415 N	ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810



July 26, 2024

JEREMIAH HALVERSEN 1393 LEEWARD AVE SPRING HILL, FL 34606

SUBJECT: BULLFROG TRANSPORT LLC

Ref. Number: L17000178586

We have received your document for BULLFROG TRANSPORT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

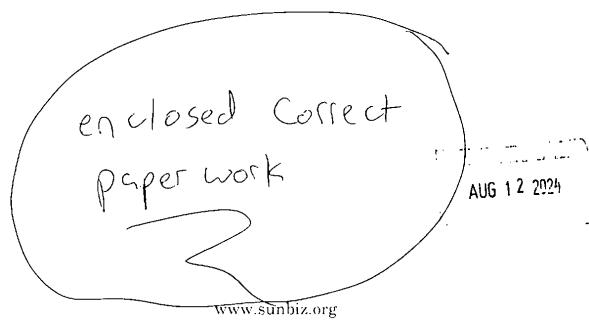
The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

Letter Number: 324A00016532



Division of Corporations D.O. ROV 6297 Tallahaggas Florida 29214

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bulltrog Isans r	sort (CC
(<u>Name of the Lighited Liability Config</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17600178586</u> .	y were filed on $\frac{4/08/202}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liad. The new name must be distinguishable and contain the words "Limited Liab."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	address on our records, enter the name of the new registers
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature if changing Registered Agen	•

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>	Name	Address	Type of Action
			C] Add
			Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			☐ Change
			□Add
			□Remove
		□ Change	

		
		
		
· -		
Note: If the	date, if other than the date of filing:	207 (1 ⊢as tl
he record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated	08/05 2024. Id. Ad	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00