218000011450

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2018 DEC - 7 AM 10: 48 SECRETARY OF STATE

COVER LETTER

FO: Registration Se Division of Cor			
	SPORT FLA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LORI C. HERRING		
		Name of Person	
	TOP TRANSPORT FLA,	LLC	
		Firm/Company	
	6628 PEACOCK ROAD		
		Address	
	SARASOTA, FL 34242		
	srqtoptransport@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please c	all:	
Lori C. Herring		941 323-0442	
Name o	f Person		Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	■ \$30.00 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:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	ED
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15.) 41 [A 1] Y	\overline{OF}_{Cr}

TOP TRANSPORT FLA, LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) TASSEE, FUIL The Articles of Organization for this Limited Liability Company were filed on 1/12/2018 and assigned Florida document number L18000011450 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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

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
AMBR	ZOLTAN GYULASI	6628 PEACOCK ROAD. SARASOTA, FL 34242	■ Add
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December 3r	d	2018				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00