L18 000064914

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



300352227903

09/21/20--01027--013 **30.00

2020 SEP 21 AM 8: 35
SECRETARY OF STATE

Office Use Only

10/29/20

To: +18132621550

COVER LETTER

	legistration Se livision of Cor			
eun irea		isport, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please retu	ım all correspo	ondence concerning this matter	to the following	
		Jarell Curtis		
		4	Name of Person	
			Firm/Company	
		218 e bearss ave suite 222		
			Address	
		Tampa fl 33613		
		***************************************	City/State and Zip Code	
	contact@curtistranportation.com E-mail address (to be used for future annual report notification)			Control
For further	information c	oncerning this matter, please of	·	neaucii)
Jarell Cur	tis		813 9656537	
	Name o	f Person	at ()	e Telephone Number
Enclosed i	s a check for th	ne following amount.		
□ \$ 25.00) Filing Fee	\$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED

To: +18132621550

2020 SEP 21 AM 8: 35

The Articles of Organization for this Limited Liability Company were filed on March 12 2018 and assigned Florida document number L18000064914 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Curtis Transportation, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 218 e bearss ave suite 222 Enter new principal offices address, if applicable: tampa fl 33613 (Principal office address MUST BE A STREET ADDRESS) 218 e bearss ave suite 222 tampa FL 33613 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ,, Florida _ Cuv

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
		**************************************	□Add
			□Remove
			☐ Change
			□Add
			□Remove
			ElChange
····			🗆 Add
			□Remove
			☐Change
			DAdd
			CIRemove
			[]Change
			🗀 Add
			[]Remove
			□Change

To: +18132621550

Typed or printed name of signce