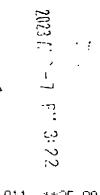
L18000064914

(Requestor's Name)
(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
(Bocument Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800413162928



08/04/23--01018--011 **25.00

S. ℝ' . . . √ .

AU3 2 4 2023

COVER LETTER

TO:

Registration Section

Division of Corporations CURTIS TRANSPORTATION LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JARELL CURTIS Name of Person CURTIS CONSULTING SERVICE Firm/Company 6421 N FLORIDA AVE, STE D-1225 Address TAMPA, FL 33604 City/State and Zip Code Contact@curtistransportation.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JARELL CURTIS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ₩ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany were filed on March 12	2016
	and assigned
liability company here:	
Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
6421 N FLORIDA AV	′Е
S) STE. D-1225	202
TAMPA, FL 33604	
6421 N FLORIDA AV	/E
D-1225	
TAMPA, FL 33604	 ~>
fice address on our records	s, enter the name of the new regis
ORIDA AVE, STE D-1225	
Enter Florida stre	
Z3).	, Florida 33510 Zip Code
	6421 N FLORIDA AV STE. D-1225 TAMPA, FL 33604 6421 N FLORIDA AV D-1225 TAMPA, FL 33604 6421 N FLORIDA AV D-1225 TAMPA, FL 33604

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 adde 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
			□Change
			□Add
			□Remove
			□Change
		<u> </u>	□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

				
	. =	·		
				
				_
				
 				
ote: If the date inserted in th	the date of filing: e must be specific and cannot be prices is block does not meet the appl the Department of State's record	icable statutory filing req	(optional) an 90 days after filing.) Pursuant nirements, this date will not	t to 605.0207 (be listed as !!
ecord specifies a delayed effi is filed.	ective date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th da	ly after the
JULY 21	2023			
1	<u> </u>	·		
\		horized representative of a n		

Typed or printed name of signee