L18000 114785

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(Do	cument Number)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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JUN OF TRING

COVER LETTER

Division of Cor	porations		
SUBJECT: AMEY	ican Choice Tr	ansport LLC ited Lidbility Company	
		,,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
	-	Address	
			•
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca		
To rattle information of	oncerning and matter, prease en		
		at ()	
Name o	f Person	Area Code Daytime	for filing. Firm/Company Address State and Zip Code ed for future annual report notification) at () Area Code Daytime Telephone Number 555.00 Filing Fee & Certified Copy Certificate of Status &
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	
	Certificate of Status	Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section

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



May 25, 2018

AMERICAN CHOICE TRANSPORT LLC 212 S SAINT CLOUD AVE VALRICO, FL 33594

SUBJECT: AMERICAN CHOICE TRANSPORT LLC

Ref. Number: L18000114385

We have received your document for AMERICAN CHOICE TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00011012



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	wopot LLC				
(Name of the Limits	A Florida Limited Liabilit	t now appears on our records. y Company))		
The Articles of Organization for this Limited Li Florida document number <u>L 18000 [143</u>]	ability Company were	filed on 5/7/18	an	ıd assig	ned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability c	ompany here:			
The new name must be distinguishable and contain the w	ords "Limited Liability Co.	mpany" the designation "L1("	or the abbreviation		
Enter new principal offices address, if applica	·	mpany, are delignation.	· Wee	20	•
Principal office address MUST BE A STREE				_ 	2.7
Trinemai office address wood to 2 /15 mb2				- (-	USA PAR
				1	i
Enter new mailing address, if applicable:			;) () () () () () () () () () (
(Mailing address MAY BE A POST OFFICE I			20 LL 1	-	•
			¥		
The 16 amountains the magistered spare and/	- manistered office			1	f 41.a
B. If amending the registered agent and/or registered agent and/or the new registered of		address on our records.	enter the na	me oi	the nev
Name of New Registered Agent:	Jentha A	rderson Jr.	• 		
New Registered Office Address:	1938 Sam	Enter Florida street address			
	Valvica	, Flor	1da 335	94	
		ity , r toi		Code	

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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jenstha Anderson Jr.	1938 Sanartha Cn.	Valno, FI. 33594 WAdd
			Remove
			Change
	Ap.		Add
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			→ □ And to gra
			D-Remover-
			Thange :
			☐ Remove
			□ Change

Signature of a member or authorized representative of a member Jevotha Anderson Jr.	
Flective date, if other than the date of filing:	
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.) Pursuan ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be be be recorded at the date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed. Signature of a member or authorized representative of a member of a mem	
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Filing Fee: \$25.00