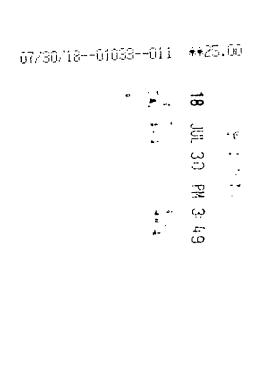
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(Re	equestor's Name)			
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AUG - 7 2018 S. PRATHER

## **COVER LETTER**

, Division of Cor	porations		
SUBJECT: Tay	ngible Tran	S POTH LLC ited Liability 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:	
	Alam Osq	Name of Person	
	Tangible 7	Fransport LLC	<u>,                                     </u>
	332 Old	England Lour	2
	Sanford, #	City/State and Zip Code	
	tangible t	rans @ g mail. Co	cation)
For further information co	oncerning this matter, please ca		
Alan Os gi	DOC Person	at (401) 708 8 Area Code Daytime	363 Telephone Number
Enclosed is a check for th	e 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

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

Tangible Transp	ty Company as it now appears on our records.) a Limited Liability Company)
(X Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number $\pm 18000168840$	Company were filed on 07 12 2018 and assigned
This amendment is submitted to amend the following:	$\omega$
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida sircet address
	, Florida

### 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>Name</u> Title <u>Address</u> Type of Action Rachel C Israel 332 Old England Lap XAdd MGR \_\_\_\_ □ Change Alan Osgood 332 old England Leop DAdd \_□ Change  $\square$  Add ☐ Remove \_□ Change □ Add \_□ Remove \_□ Change □ Add □ Remove \_□ Change □ Add ☐ Remove \_□ Change

	enter change(s) here: (Attach additional	
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	tture of a member or authorized representative of a r	member # 50 CO
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	Page 3 of 3	$\boldsymbol{\cdot} \cdot \boldsymbol{\omega}$

Filing Fee: \$25.00