## 11800)199716

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## **COVER LETTER**

O: Registration Section Division of Corporations
UBJECT: Leanare Transfort Sorvice LC  Name of Limited Liability Company
the enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Edna Ceisis Name of Person
Leanore Transport Service // C. Firm/Company
4:222 INCELLE - 7 5/4 #4505
Cando Lill H 33319 City/State and Zip Code
E-mail address: (to be used forcing a annual report notification)
or further information concerning this matter, please call:
Edna Color at (954) 639 310  Name of Person Area Code Daytime Telephone Number
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## MAILING ADDRESS:

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

Learner Largert Source	2//			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	<u>(our records.</u> )		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000199716</u> .	ny were filed on 8	21/18	_ and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	nation "LLC" or the abbre	viation "L.I	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				<del></del>
		-		
			<del>1</del> 8	1410 SS
Enter new mailing address, if applicable:	<del></del>		33S	- <del>122</del>
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>	337
B. If amending the registered agent and/or registered	.00		ج	
b. It amending the registered agent and/or registered registered agent and/or the new registered office address he		r records, <u>enter th</u>	e name o	or the new
Name of New Registered Agent:		. <u> </u>		
New Registered Office Address:				
i voj riegistorea e mee maaress.	Enter Florida s	street address		
		Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			
I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my s provided for in Chap	duties, and I am fam oter 605, F.S. Or, if t	iiliar with this docur	and nent is

Page 1 of 3

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>	Address	Type of Action
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Authorized		4777 Invellable HUSOS	
orson_	Edra Cewis	4222 invollary Stud #4503 Lauderfilli R 33319	d Add
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authorized to-son - Lana	<u>Cocic</u>	
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Conditill FL 33319		
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)	ยร ควา
<u>ote:</u> If the date inserted in this block does not meet the applicable statutory current's effective date on the Department of State's records.	filing requirements, this date will not be li	sted a
edition 3 effective date of the Department of State 5 feedings.		
record specifies a delayed effective date, but not an effecti	ve time, at 12:01 a.m. on the ear	lier d
The 90th day after the record is filed.		
ted 914/18		

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Filing Fee: \$25.00