## Florida Department of State Plaisica of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

50 نن Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROYZ TRANSPORTATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

AUG 23 2022 K. Brumbley

## ARTICLES OF AMENDMENT TO , ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000247703}{L18000247703}$	were filed on 10/22/18 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7901 4th St N STE 300		
	St. Petersburg, FL 33702		
Enter new mailing address, if applicable:	7901 4th St N STE 300		
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33702		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe		

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

**ROYZ TRANSPORTATION LLC** 

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.

St. Petersburg

Registered Agents Inc.

7901 4th St N STE 300

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

Title	<u>Name</u>	Address	Type of Action
AMBR	AAR Partners LLC	30 N Gould St STE R	<b>X</b> JAdd
		Sheridan, WY 82801	□Remove
			□ Change
MGR	AAR Partners LLC	30 N Gould St STE R	<b>⊠</b> Add
		Sheridan, WY 82801	□Remove
			□ Change
MGR	RUSLAN IBRAIMOV	15659 ORANGE HARVEST LOOP	⊃ □Add
		WINTER GARDEN, FL 34787	⊠Remove
			□Change
MGR	OLGA MUN	15659 ORANGE HARVEST LOOP	□Add
		WINTER GARDEN, FL 34787	XIRemove
			DChange
			DAdd
			□Remove
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record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
ated /	August 22 2022	
	R:Lun Pak	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00