## L18 000 271480

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SECRETARY OF SING

2021 DEC 27 PH 12: 4

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	RAZ SH	HPPING LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	RANCE	ROBINSON Name of Person	
	RAZ	SHPPING LI Firm/Company	_C
	500 SW 1	10th AVE APT	302
	PEMBROK	E PINTS FL 3° City/State and Zip Code CH 80 D G MAII to be used for future annual report notif	3-25
			ication)
For further information co	oncerning this matter, please ea	all:	
RANCE Name of	ROBINSON Person	at (954) 512 - Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
Z \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S		Registration Sec	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RAZ SHIPPIN	عربم للر	2021 DEC 27 PH 12: 49
(Name of the Limited Liability Compar (A Florida Limited L	ty as it now appears iability Company)	on our records:) E and a final
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000271480}{}$	were filed on	11 21 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :
RAZ TOWNG & T	RANSPOR	Signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	475	3 SW 45th ST
(Principal office address MUST BE A STREET ADDRESS)		AVIE FL 33314
Enter new mailing address, if applicable:	500	SW 110th AVE
(Mailing address MAY BE A POST OFFICE BOX)		APT 302 ROKE PINES FL 33025
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our rec	cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floric	la street address
	Cuv	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ζή	2.4) Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of n rovided for in Cl	ny duties, and I am familiar with and supper 605, F.S. Or, if this document is

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
			□Add
			□Remove
			□Change
			□Add
		<del></del>	Remove
			□ Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
		<del></del>	☐ Change
			□Add
			□Remove
			☐ Change
			□Remove
			Channe

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
(If an et <u>Note:</u>	tive date, if other than the date of filing:
ie reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the fied.
Dated	December 20 2021
	Signature of a member or authorized representative of a member
	RANCE ROBINSON  Typed or printed name of signee

Filing Fee: \$25.00