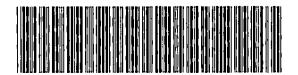
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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Clashia

COVER LETTER

): Registration Section Division of Corporations
JBJECT: Ronny Wayne's Transport LLC , Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Kunny 10. Stephens JR
Lanny Wayne's Trusport LLC
3134 Wandering Oaks ar.
Orange Park F1 32065 Chy/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ponny Stydens at (904), 434-6566 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

Ronny Wayne's Truy (Name of the Lamited Liability Com (A Florida Limite	SOY + Length y as it now appe	ears on our records.)	
The Articles of Organization for this Limited Liability Comparation for the Limited Liability Comparation document number <u>L\8000 279215</u> .	ny were filed on ∫	Dec 4, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company l	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		e designation "LLC" or the at	obreviation "1L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	re address on our	records, enter the nam	ie of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	lorida street address	
		, Florida	
	Ciţy		Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:		

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.

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

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>	<u>Address</u>	Type of Action
Mal	Ronny W. Stychens Sk.	3134 Wandering Oaks dr.	bAdd
		Drunge Park, F1 32065	□Remove
			□Change
AMBR Shain Bagley	4677 Calendula ave	\(\frac{1}{2} \) Add	
	Middleburg, Fl 32008	□Remove	
	.	□Change	
		□ Remove	
			□Change
			□Add
			ПRетюче
			□Change
	 	□Add	
		□Remove	
			□Change
		⊐Add	
			ПRетюче
			□Change

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f an effect Note: If	e date, if other than the date of filing:
record : rd is filed	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 l.
Dated	August 10 . 2021. Mar 2 See
	My 2 Signature of a member or authorized representative of a member
	Typed or printed name of signee