11900000 9278

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





400325283134

02/27/19--01017--003 **25.00

COVER LETTER

	Registration Sec Division of Corp		,	
SUBJEC	Transbullet			
SOBJEC	Й: <u></u>		ted Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter t	to the following:	
		Greg Zacharias		
		Zacharias CPA Group PA	Name of Person A Group PA Firm/Company Ave Ste 160 City/State and Zip Code Com mail address: (to be used for future annual report notification) atter, please call: at (
		202 S Rome Ave Ste 160	Firm/Company	
		Tampa, F1. 33606	Address	
		greg@zachepa.com		
				cation)
For furth	er information co	oncerning this matter, please ca	all;	
Greg Zau	charias			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Transbullet LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
	any were filed on 01/07/2019	and assigned
Florida document number L19000009278		
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Inter new principal offices address, if applicable:		
If amending name, enter the new name of the limited liability company here: the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable:		
The new name must be distinguishable and contain the words "Limited Li	iability 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FEB 27 A
		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	El	1
<u></u>		la

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>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Greg Zacharias	202 S Rome Ave Ste 160 Tampa, Fl. 33606	Add
			□ Remove
			□ Change
			D ∧dd
			□ Remove
			Change
			□ Change
			ALL AHA
			27 27 885
			Change Ch
			Remove
			Change
	1-1444	·	
			□ Remove
			□ Change

					,,	
				<u></u>		
	······································					
					·	
		· · · · · · · · · · · · · · · · · · ·		<u></u>		
						
	· · · · · · · · · · · · · · · · · · ·	···			 	
		· ·				
					<u>></u>	2019
					<u> </u>	FEB
					ASS	\sim
					E.	_> 2e i
	. ,				() ÷.	
					LORID	10: 45
					***	C i
Effective date, if other than th	e date of filing	ç:		(optio	onal)	
f an effective date is listed, the date mu Note: If the date inserted in this b	lock does not m	nect the applical	o date of filing or mode statutory filin	ore than 90 days after g requirements, this	tiling.) Pursuant i date will not b	e listed as
document's effective date on the I	Department of S	tate's records.				
	. d _66~		an affantiva	ima at 13:01 s		andian af
ne record specifies a delaye The 90th day after the re		iate, out not	an enective	ime, at 12:01 a	i.m. on the e	earner or
r: 1		2010				
Dated February 20		2019	_ ·			
	_					

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00