

L190000 24 293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

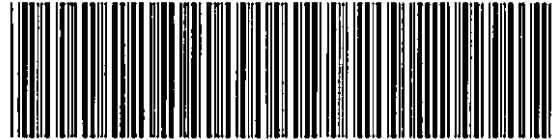
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FW TRANSPORT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAYANA ROSIO PAGAN

Name of Person

FW TRANSPORT LLC

Firm/Company

1745 E HALLANDALE B BLVD APT 508

Address

HALLANDALE FL 33009

City/State and Zip Code

ybcarrrier@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAYANA ROSIO PAGAN

786

7030607

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FW TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/29/2019 and assigned

Florida document number L19000024293

This amendment is submitted to amend the following:

A. 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 "L.L.C."

Enter new principal offices address, if applicable:

1745 E HALLANDALE B BLVD APT 508

(Principal office address MUST BE A STREET ADDRESS)

HALLANDALE FL 33009

Enter new mailing address, if applicable:

1745 E HALLANDALE B BLVD APT 508

(Mailing address MAY BE A POST OFFICE BOX)

HALLANDALE FL 33009

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DAYANA ROSIO PAGAN

New Registered Office Address:

1745 E HALLANDALE B BLVD APT 508

Enter Florida street address

HALLANDALE

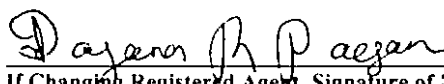
, Florida 33009

City

Zip Code

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAYANA ROSIO PAGAN	1745 E HALLANDALE B BLVD APT 508	<input checked="" type="checkbox"/> Add
		HALLANDALE FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WATED, STEPHANIE M	101 TOSCANA LN	<input type="checkbox"/> Add
		ST AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RG AG	ROST TRANSPORT LLC	101 TOSCANA LN	<input type="checkbox"/> Add
		ST AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Remove
		(REGISTRAR AGENT)	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 25, 19

Signature of a member or authorized representative of a member

Typed or printed name of signee