## 1190000 44976

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status	(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)	(Address)  (City/State/Zip/Phone #)  (Document Number)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  312919-50-60-60-60-60-60-60-60-60-60-60-60-60-60	(Requestor's Name)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  SPANA WARD CARLOR  Remadina Toulor  Advised to Tembrica	(Address)	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)	PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  3/29/9-90-90-90-90-90-90-90-90-90-90-90-90-90	(Address)	
(Business Entity Name)  (Document Number)	(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  3/29/19-50-60-60-60-60-60-60-60-60-60-60-60-60-60	(City/State/Zip/Phone #)	
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, , ,	Special Instructions to Filing Officer:  Special Instructions to Filing Officer:  Special Instructions to Filing Officer:  Advised to Remarks	(Business Entity Name)	
ertified Copies Certificates of Status	Special Instructions to Filing Officer:  3/29/19-50the W  Bernadina Taylor.  Advised to Tembrica.	(Document Number)	
	3/29/19-Spoke WY Bernadine Taylor. Advised to Pentrio	Certified Copies Certificates of St	tatus
		Advised to Rendrich Bestrany & Bendrich Taylor	<u>.</u>

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations	•	
CHOICCT.		BEST TRANSPORT LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		BERNADINE TAYLOR		
		TAYLORS BEST TRANS	Name of Person PORT LCC	
		4866 NW 2 COURT	Firm/Company	
		PLANTATION, FL 33317	Address	
		TAYLORSBEST@YAHOO	City/State and Zip Code D.CO,	
		E-mail address: (	to be used for future annual report noti-	fication)
For further in	nformation c	oncerning this matter, please ca	all:	
TAYLORSE	BEST@YAH	ЮО.СОМ	954 696 - 5493 at ( )	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
\$25.00 F	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)
	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpor	n

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

TAYLORS BEST TRANSPORT LLC

2019 HAR 20 PM 2:57

(A)	riorida Limited Gability Company)	A Link of the selection	L
The Articles of Organization for this Limited Liabi Florida document number L19000044976	ility Company were filed on <u>FE</u>	BRUARY 14 2019	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the word:	s "Limited Liability Company," the de	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	•	our records, enter t	he name of the n
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Flor	ida street address	
		Elouido	
~~	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:		

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

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>	Type of Action
MGR	BERNADINE TAYLOR	4866 NW 2 COURT	
	· · · · · · · · · · · · · · · · · · ·		Add
		PLANTATION, FL 33317	
			Remove
	DETHANS TAVEOR	1221 C 22 AVE	Change
AR	BETHANY TAYLOR	1221 S 23 AVE	
		HOLLYWOOD, FL 33020	Li Xaa
			Remove
			Change
$\sigma$	o T		
HK	Bendrick L. Taylor		Add
	•		
			Remove
			Change.
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E. Effective date, if other than i	the date of filing:		(antional)
(If an effective date is listed, the date	must be specific and cannot be pri s block does not meet the appl	licable statutory filing require	(optional) 0 days after filing.) Pursuant to 605.0207 (3) ments, this date will not be listed as the
f the record specifies a delay b) The 90th day after the r	ved effective date, but record is filed.	not an effective time, at	12:01 a.m. on the earlier of:
Dated MARCH 13	2019		
Boera	dive Ja	- Ula	
	Signature of a member or au	thorized representative of a mem	ber
BERNADINE TAYI	.OR		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00