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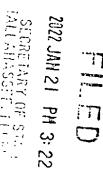
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COVER LETTER

TO: Registration Section Division of Corporations	
11. T. Tow of 11	p.
SUBJECT: Up Top Transport LL. Name of Limited Liability Com	Dany
	,
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following	
I jahman u	$T_{\alpha I}$
Name of Pe	erson
Firm/Com	ouny.
1148 mus 44 TM	
1148 NW 44 Ter Addres	<u> </u>
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Lauderhill, F City/State and I Bin Transportation E-mail address: (to be used for func	Z, 33313
City/State and Z	Cip Code
Famel address (to be used for time	A) Gmail. Com
	e amula report nonneautony
For further information concerning this matter, please call,	
Tahman Johnsen at (75 Wanne of Person Area C	4 551-0454
Wame of Person Area C	ode Daytime Telephone Number
Find and in the state of the second	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Fil Certificate of Status Certified	Copy Certificate of Status &
(additional	copy is enclosed) 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 FILED

2022 JAN 21 PM 3: 23 Top Transport LLC SECRETARY OF STATE ed Liability Company as it now appears on our rectified \$50.5.71.

(A Florida Limited Liability Company) 2-21-19 The Articles of Organization for this Limited Liability Company were filed on _______ Florida document number _______ L 19000052137

A. If amending name, enter the new name of the limited lial	bility company here:	
Bin Transportation LLC The new name must be distinguishable and contain the words "Limited Liah		
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designa	ation "LI C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
F		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ds, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida st	reet address
		Florida
	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 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
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			■Remove
		<u> </u>	■Change
			≡Remove
			■Change
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f an effecti <u>Note:</u> If t	we date is listed, the date must be he date inserted in this block 's effective date on the Depa	specific and can does not meet	the applicable sta		90 days after filing.) Pr	
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Filing Fee: \$25.00