6/8/23, 2:10 PM

Division of Corporations

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(((H23000207634 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : I20150000034

: (239)344-7417

Fax Number

: (888)344-7262

annual report mailings. Enter only one email address please.**

Email Address: jefcba5@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ZAPP TRANSPORT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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1UN - 8 2023

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAPP TRANSPORT LLC		•
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recorde Liability Company)	<u>s-)</u>
The Articles of Organization for this Limited Liability Company Florida document number L19000086323	were filed on 03/28/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2023
Principal office address MUST BE A STREET ADDRESS)		· :
		1
		**!
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter (</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street uddress	
<u></u>	, Flo	rida
	Ctů.	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 that a merely reflect a change in the registered office address, I hereby confirm that the tinued teatitacy company has been notified in writing of this change.

06/8/2023 11,14 AM

TO:18506176383 FROM:8883447262

Page: 4

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

Title	Name	Address	Type of Action
MGR	SANDRA C VIDAL	4735 BARKLEY CIR	
		APT 8	■Remove
		FORT MYERS, FL 33907	□Change
	·		CAdd
			LJRemove
			DChange
			Remove
			Change
· ·	,		⊡Add
		<u> </u>	□ Remove
			[]/Change
<u> </u>		DAdd	
			LRemove
			□ Remove

D. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
	
	
_	
•	
Note: 1	tive date, if other than the date of filing:
f the record ecord is file	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 d.
Dated _	
	() The state of t
	Signature of a member or authorized representative of a member
	JEFERSON DE SOUSA FREITAS
	Typed or printed name of signec

Filing Fee: \$25.00