## L19000173870

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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FALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Day hush 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:
David A. Conzalez Rodriguez Name of Person
Firm/Company
4363 Sun Center Rd.
Hulberry FL 33860  City/State and Zip Code
Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sherlyn Gonzalez at 787, 975-9614 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

4000

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

Day Mush Trans	
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	It now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L19000173870</u>	e filed on QUIY 03, 2019 and assigned
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 C  Enter new principal offices address, if applicable:	ompany," the designation "L.I.C" or the abbreviation "L.I.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office	address on our records, enter the frame of the new
registered agent and/or the new registered office address here:	,
Name of New Registered Agent: David	A Gonzalez Rodriquez
New Registered Office Address: 4363	Son Center Rd.  Enter Florida street address
Mulbe	City Florida

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 Address Type of Action <u>Title</u> **Name** □ Remove ☐ Change □ Add ☐ Remove \_

Change □ Add □ Remove Change □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove

\_□ Change

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Filing Fee: \$25.00