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9/18/2019

Division of Curporations

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Division of Corporations

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From:

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COVER LETTER

TO: Registration Section Division of Corporations ATKINS TRANSPORT SERVICES LLC SUBJECT: 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: Cheyenne Moseley Name of Person Legalzoom.com, Inc. Firm Company 101 N Brand Blvd 11th FI Address Glendale, CA 91203 City/State and Zip Code atstransport65@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 773-0888 800 Cheyenne Moseley Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

S25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

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☐ \$60.00 Filing Fee.
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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, F1, 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ATKINS TRANSPORT SERVICES LLC.

(Name of the Limited Liab) (A Florid	lity Company as it now appears on is Limited Liability Company)	OHL LECOLDS")
The Articles of Organization for this Limited Liability (Florida document number 1.19000183772	Company were filed on 07/17/	2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Crossfire Transport Services LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the design	nation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		and the same of th
(Principal office address MUST BE A STREET ADD	(RESS)	
Enter any mailing address if applicables		13.
Enter new mailing address, if applicable:		- 2-
(Mailing address MAY BE A POST OFFICE BOX)		\$22
		·- 6
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	areet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my agent as provided for in Chap red office address, I hereby co	duties, and I am familiar with and oter 605, F.S. Or, if this document is
	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

Title	Name	<u>Address</u>	Type of Action
AMBR	Mark A Atkins	834 Sunrisc Blvd.	
		Lehigh Acres, FL 33974	☐ Remove
			Change
AMBR	Winston Marshall	834 Sunrise Blvd.	Add
		Lehigh Acres, FL 33974	□ Remove
			☐ Change
			□ Add
			Remove
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an effective date is listed, the date must be specific and cannot be prior to da (ote; If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	statutory (iling red	nun 90 days after fit quirements, this d	ing.) Pursu ate will n	ment to 60 of he lis	5.020 Ied a
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time	e, at 12:01 a.r	n. on th	ne earli	ier d
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ated September 09, 2019					
ated September of M. D. Signature of a member or authorized	d representative of a	member	·- <u></u> -		

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Filing Fee: \$25.00