119000 212 577

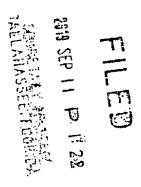
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300333964713

09/11/19--01004--033 ++25.00



COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: WATT TRANSPORTATION & LOGISTICS 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:
Lakisha Watt Name of Person
WATT TRANSPORTATION & LOGISTICS LL
662 Pregency Way
Kissinner Fl 34758 City/State and Zip Code
inail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lakisha Watt at (407) 414-5076 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)

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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number _ 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 Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida _

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 <u>Name</u> **Address Type of Action** Lakisha Watt + L 34758 - Remove _____ 🗆 Change ____ 🗆 Add _□ Remove ☐ Change _□ Add _□ Remove _□ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove Change □ Add _□ Remove

_□ Change

. Ham	tending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Please add EIN Number #180000
	84-2799970
	212-12 11 512 21 276677
	Please add EIN Number 84-2799970
	Thanks Lakisha Watt
	Lakisha Watt
Note:	tive date, if other than the date of filing: 77.7.2.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	9/9/19 W.(+
	Signature of a member or authorized representative of a member
	LAKISHA WATT