## L19000213371

(Requestor's Name)
(Áddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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## **COVER LETTER**

	Registration Se Division of Corp				
end ic		TRANSPORT LLC			
SUBJEC	, I:	Name of Lim	ited Liability Company	<del>.</del>	
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		PIERROLD ST JULIEN			
			Name of Person		
		MASTERY TRANSPORT	LLC		
			Firm/Company		
		13 CROSSINGS CIR UNI	TF		
			Address		
		BOYNTON BEACH FL 33435			
		City/State and Zip Code			
		PIMPICEE@YAHOO.COM	M  to be used for future annual report notif	ication)	
For furth	er information o	oncerning this matter, please c		realion)	
		-			
PIERRO	LD ST JULIEN		561 927-6455 at ()	Telephone Number	
	Name of	f Person	Area Code Daytime	: Telephone Number	
Enclosed	l is a check for th	ne following amount:			
₩ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassec, FL	porations allahassee Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 AUG -9 AHII: 55

MASTERY TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

were filed on	and assigned
ility company here:	
lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
address on our records, <u>enter th</u>	he name of the new registered
Enter Florida street address	
, Flor	ida Zip Code
	address on our records, enter the

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

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<u>Title</u>	<u>Name</u>	Address	21 AUG -9 AHII: 55	Type of Action
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ffoot	ive date, if other than the date of filing:(optional)
an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocun	ent's effective date on the Department of State's records.
recor I is fi	d 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
	08/01/2021
Dated	08/01/2021
	Y _ S
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member