L19000217022

(Red	questor's Name)	
(Add	dress)	
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(
(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	-iling Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			
CHBIE	C1(1)	Transport LLC		
SUBJE		Name of Limit	ed Liability Company	
The end	closed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspo	ndence concerning this matter to	o the following:	
		Keith A. LaBelle		
			Name of Person	
		Easy Street Transport LLC		
			Firm/Company	
		2560 57th Circle		
			Address	
		Vero Beach, FL 32966		
			City/State and Zip Code	
		easystreettransportllc@gmail E-mail address: (to	.com be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please cal		
Keith A	A, LaBelle		860 2304696 at ()	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 Filing Fee	S30.00 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		Street Address: Registration Sect	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Easy Street Transport LLC			
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan)	ears on our records.) y)	
the Articles of Organization for this Limited L lorida document number L19000217022	iability Company were filed on	8/26/2019 and assig	gned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	here: (Same)	
he new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.	.C."
Inter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			
			Γ_1
Enter new mailing address, if applicable:	(A Florida Limited Liability Company) Liability Company were filed on 8/26/2019 of the limited liability company here: (Sance) we words "Limited Liability Company," the designation "LLC" or the abbrevia slicable: EET ADDRESS) or registered office address on our records, enter the name of	<u> </u>	
Mailing address MAY BE A POST OFFICE	and assigned Liability Company were filed on 8/26/2019 and assigned following: In the words "Limited Liability Company," the designation "LLC" or the abbreviation "L. applicable: ITREET ADDRESS) d/or registered office address on our records, enter the name of the new address here: Keith A. LaBelle 2560 57th Circle		
			フ
		v	
If amending the registered agent and/or igent and/or the new registered office addre	registered office address on ou ess here:	r records, <u>enter the name of the new</u>	regis
Name of New Registered Agent:	Keith A. LaBelle		
New Registered Office Address:	2560 57th Circle		
	Enter i	Florida street address	
	Vero Beach	, Florida 32966	,
	City	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 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

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Janet L. Swanson	2560 57th Circle	□Add
		Vero Beach, FL 32966	Remove
			Change
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			☐ Change
			□ Add
			Remove
			Change
			□Add
			Remove

for this position.				
			<u> </u>	
				
				
				
ffective date, if other than t an effective date is listed, the date r tote: If the date inserted in this	nust be specific and cannot be p	prior to date of filing or m	(option) nore than 90 days after filling requirements, this d	ing.) Pursuant to 605.0207 (
ocument's effective date on the				
record specifies a delayed effect is filed.	tive date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
	2021			
January 10 Pated	,	 '		

Filing Fee: \$25.00