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# **COVER LETTER**

TO:

Registration Section Division of Corporations

	TRANSPORTIN	G IN ABUNDANCE 2 LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	RI	EX CAMERON HONORS JR	
	S	Name of Person OLUTIONS IN ABUNDANCE	I.L.C
		Firm/Company	
	.37	50 GUNN HIGHWAY SUITE	306
		Address TAMPA , FL 33618	
	i	City/State and Zip Code nfo@ solutionsinabundance.cor	
		to be used for future annual report	
For further information of	concerning this matter, please c	all:	
REX CA	MERON HONORS JR	863 308 -869	87
Name o	of Person	at () Area Code Day	stime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	(V \$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 radditional copy is enclosed
<u>Mailing Addre</u> Registration		<u>Street Address</u> Registration	
Division of C	Corporations	Division of C	Corporations
P.O. Box 63: Tallahassee.			of Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### TRANSPORTING IN ABUNDANCE 2 LLC

(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records. nited Liability Company)	)	
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on0973072019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	liability company here;		
SOLUTIONS IN ABUNDANCE LL	( .		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES.	3750 GUNN HIGHWAY SU	TTE 306	
Triicipai office agaress prost bl. A STREET ADDRES.	TAMPA , FL 33618	-	
Enter new mailing address, if applicable:	27507 HAND HIZ HWAY CI	1001: 202	
Mailing address MAY BE A POST OFFICE BOX)			
	TAMPA : FL 33618		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	2024 S	
Name of New Registered Agent:	LINDA BLAKE	71 D	
New Registered Office Address:	1135 ROSELLE AVE	ASS TO	
	Emer Florida street address	mr., Di Pia	
	LAKELAND , Flor	÷33805 ↔	
	Citi	El Westerde	

### 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LINDA BŁAKE	1135 ROSELLE AVE	
		LAKELAND , FL 33805	≣Remove
			□Change
			□Remove
			□Change
			□Add
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