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(Rec	questor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	e #)
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(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
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JAN 0 6 2020 D CUSHING Fax: 18882800441

COVER LETTER

	ion Section of Corporations		•9		
SUBJECT:	Vick Transpu Name of L	Hotion Entery imited Liability Company	oxises LC		
	cles of Amendment and fee(s) are some				
	Nicardo Campbell				
		Name of Person			;
	Nick Transpo	rtation Enterprises LLC			
		Firm/Company			
305 E Lime Street Apt C					
		Address			ستما
	Tarpan S	oring, FL 34689	· · · · · · · · · · · · · · · · · · ·	19 JAN	등 등
		City/State and Zip Code		<u> </u>	유명.
		pbell576@gmail.com s: (to be used for future annual report notifi	cetion	ŷ	SAE SAE
For further informa	ation concerning this matter, please		(Callon)	рн 4: 3	OF STATI
Nicardo Car	mpbell	at (786) 444-1769	· · · · · · · · · · · · · · · · · · ·		O
1	Name of Person	Area Code Day time	Telephone Number		3.
Enclosed is a chec	k for the following amount:				
⊠ \$25.00 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 enclose		

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



November 6, 2019

NICARDO CAMPBELL NICK TRANSPORTATION ENTERPRISES LLC 305 E LIME STREET APT C TARPON SPRINGS, FL 34689

SUBJECT: NICK TRANSPORTATION LLC

Ref. Number: L19000244477

We have received your document for NICK TRANSPORTATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit the complete application. You are missing page 2. If you are not making any changes on this page if you will call me I will print out the page and put it with your filing so it can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 619A00022990

received phone case on Molasa to print and page at leave it blank and to file it.

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nick Transportation LLC			
(Name of the Limited Limited Limited L (A Florida Limited L	iv as it now appears on o lability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	were filed on <u>9/27/19</u>		and assigned
Florida document numberL19000244477			9
This amendment is submitted to amend the following:			当場の
A. If amending name, enter the new name of the limited liabi	lity company here:		五 岩平
Nick Transportation Enterprises LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designs	ation "LLC" or the abbrev	viation "L.L.Go"
Enter new principal offices address, if applicable:	305 E Lime Street Apt C		HS HS
(Principal office address MUST BE A STREET ADDRESS)	Tarpen Spring, FL 34689		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the	name of the nev
Name of New Registered Agent:	. N/A		
New Registered Office Address:	N/A		
	Enter Florida sti	reat address	-
		, Florida	I
	City		Zsp 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

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 = M $AMBR = A$	anager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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		<u> </u>	□Remove
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	A. A. A. B. S.		∐Add
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			□Add
			□ Remov e

______ Change

TA 11	Fax: 18882800441	To:	Fax: (888) 830-2253	Page: 5 of 5	10/15/2019 9:26
D. If amendin	g any other inform	ration, enter change(s) here: (Attach additional	sheets, if necessary.)	

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	- "				
B Der & F	. 10° a1 . a1 . a1 . a1		W15 / 2019	(optional)	
(If an effective	ate, if other than the date is listed, the date is	nust be specific and cannot b	e prior to date of filing or more t	han 90 days after filing.) Pt	insulant to 605.020
			applicable statutory filing rec	juirements, this date wil	I not be listed a
bocument s	effective date on the	Department of State's re	colus.		
If the record	appoition a data.	nd official data. h	ut not an effective time	at 13:01 a.m. on	the earlier o
II the record	h day after the re	ecord is filed.	at not an enective time	s, dt 12.01 d.m. on	the carner o
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(b) The 90t					
	October 15	2019	·		
(b) The 90th	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	<u> </u>	rent Complet	or authorized representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00