## 00286872

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Cir	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Ceπificates	of Status
Special Instructions to	Filing Officer:	
	Q. SILAS	
J	UL 29 2022	1

Office Use Only



800391681768

377827 87 8 800 A 400 A 48027

RECEIVED

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: WOODMAC TRANS F	ORT OF JAX LLC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subr	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
	R VILARIND MUSCH
_ LM Acco	UNTING & PAYROLL SERVICES LLC
838 <b>2</b> BA	YMEADOWS RD STELL
JACKSO LMPAYRO	City/State and Zin Code  City/State and Zin Code  CL(13 & CMAIL COM  o be used for future annual report notification)
For further information concerning this matter, please co	
LUCIMAR V. MUSCH Name of Person	at (904) 699-6634  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Section	Street Address: Registration
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

WOODMAC TRANS	PORT OF JAX LYG 20 MM S: 1
(A Florida L	Company as it now appears on our records.) imited Liability Company) SECRETARY OF STATE
The Articles of Organization for this Limited Liability Cor	1 1 1 CPAI LA UN GREE EL
Florida document number <u>L19000286872</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	ACCOUNTING CPAYROLL SERVICES LU 22 BAYMEADOWS RD, STE 4
New Registered Office Address: 83 8	F Enter Florida street address
JAC	KSON VILLE Florida 32266  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.

Luima Vilania Musch
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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			☐Change

-	
<del></del>	
_	
(If an effection Note: If	e date, if other than the date of filing:
ne record ord is filed	
Dated _	O7/28/2022  Mind Signature of a member or authorized representative of a member
	MicHAEL TRUSEL Typed or printed name of signee