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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: .	Emperor Transport Name of Limit	ocking LLC ted Liability Jompany	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Dwayne	K, COLLAN Name of Person	
	<u>Emperor</u>	Tracking LLC Firm/Company	<u>. </u>
	6180 sport	ng Hills Orrele	<u> </u>
	Orlando Emperor to E-mail address: (1	CLIVE UC COM (o be used for future annual eport notice)	incation)
For further information co	ncerning this matter, please ca	dl:	
Dwayne K	Person	at (202) _ 75 Area Code _ Daytim	7 –9006 ne Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is molecule)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Addrase		Straat Addrace	

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

Street Address:
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

<u>Emperor</u>	Truckin	allc		020	;
(Name of the Limite	<u>(A Florida Limited Li</u>	Vas it now appears (ability Company)	on our records.)		g garaged graya garaged garage garaged
The Articles of Organization for this Limited Lie Florida document number <u>LZOOOOHE</u>		were filed on <u>(</u>	0/24/202	20 and assi	gned!
This amendment is submitted to amend the follo	wing:			- ហ	١
A. If amending name, enter the new name of	the limited liabil	lity company here	<u>e</u> :		
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ıble:	ty Company," the des	ignation "LLC" or th	ne abbreviation "Ll	C."
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE E	BOX)				
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:		ddress on our rec	ords, enter the r	name of the new	registere
New Registered Office Address:	10000	France Floods	C atomer and former	rcir.	
	_Orlar	City	Florida	328 08 Zip Code	<u> </u>

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 Title Name **Address Type of Action** Duoyne K. cowon Sparling Hills Cir XIAdd MAR □ Remove _____ Change FO Davayro K. cowan __ □Change AMBR Kerwin Cupid 3210 Zander Dr apt 104 Agremove KISSIMME FC 34747 _____ □Change ____ □Remove _____ □Change _____ □Remove _____ Change

	
If an effective Note: If the	late, if other than the date of filing:
record spe d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	6/24/2020 12:47pm
-	Signatule of a member of authorized representative of a member