L80000049378

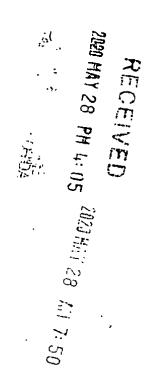
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Owen George Transport

Requester: Kathy Romulus

COVER LETTER

TO:

Registration Section

| Divis | sion of Corp | porations | | | |
|----------------|----------------------------|--|---|--|--|
| | Owen Georg | ge Transportation LLC | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | · | |
| | | | | | |
| The enclosed | Articles of a | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | Kathy Romulus | | | |
| | | | Name of Person | | |
| | | Owen George Transportati | ion LLC | | |
| | | | Firm/Company | | |
| | 540 NW 165th RD Suite 309B | | | | |
| | | | Address | | |
| | | Miami, FL 33162 | | | |
| | | | City/State and Zip Code | | |
| | | Owengcorgetransportation(| | | |
| | | | to be used for future annual report not | ification) | |
| For further in | formation co | oncerning this matter, please c | all: | | |
| Kathy Romul | lus | | 305 9157266 at () | | |
| | Name of | f Person | Area Code Daytin | ne Telephone Number | |
| Enclosed is a | check for th | e following amount: | | | |
| ■ \$25.00 Fi | iling 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 enclosed) | |
| Reg | ing Addressistration S | Section | Street Address: Registration Se | | |
| | ision of C . Box 632 | orporations 7 | Division of Co The Centre of | - | |
| | ahassee, F | | | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2020 HE 28 11 7: 50

| Owen George Transportation LLC | | |
|---|--|------------------------------|
| (Name of the Limited Liab (A Flor | ility Company as it now appears on our records.) ida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number L20000049378 | | and assigned |
| This amendment is submitted to amend the following: | <u> </u> | |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | DRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | | |
| | | |
| | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | · | e name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | ida |
| | City | Zîp 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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

2020 MIT 28 #H 7: 50

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|------------------------------|----------------|
| AMBR | Tushane Williams | 540 NW 165th Road Suite 309B | = Add |
| | | Miami. FL 33162 | □Remove |
| | | | □ Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
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| | Management of the second of th | | □Add |
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Filing Fee: \$25.00