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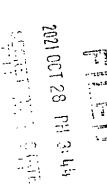
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
	Q. SILA	as .
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: B	ennetts Exped	Lited transfer LL imited Liability Company	<u>C</u>
The enclosed Articles o	f Amendment and fee(s) are st	ibmitted for filing.	
	ondence concerning this matte		
	Tobie	Bennett III	·
		Firm/Company	
	(C 606)	uclay Rd	
	Jax F	L 33344 City/State and Zip Code	
	Dennet 1 3 ex 6	edited O Uahoo. Com	lication)
For further information c	oncerning this matter, please c		
Toble B	enne++ (Person	at (904) 409-9	5500 Telephone Number
Enclosed is a check for th	e 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 enclosed)
Mailing Address			

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

Bennetts Expec	Lited transfer 2021 ACT 28 PM 3: 44	
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on $\frac{2193030}{}$ and as	ai.am.ad
Florida document number <u>L200005666</u>	30.	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)	
Enter new moding address is		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new	registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City 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.

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
CED	Tobie Bennett III	LOZOS DUCKAH Rd	
		JCN FL 32044	□Remove
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
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	late inserted in Tective date or	ans once a	763 HOLLI	cei ine anoi	ic inie stati	nory filing r	than 90 days equirements	after filing. 5. this date) Pursuant to 605, will not be liste	.020 2d a
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