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COVER LETTER

TO:	Registration Sectorial Division of Corp.		•						
SUBJI	ecr: Plu	Blake Train	15 DOY tation	LLC					
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		mendment and fee(s) are subn		·					
Please	return all correspon	dence concerning this matter to	o the following:						
		Paul Blax	e						
			Name of Person						
		<u> Paul Blake</u>	Transportati Firm/Company	on LC					
		12214 Ker	1ton WAY						
		Boca Rator Paul DPBT E-mail oddress: (1	7, 12 33438 City/State and Zip Code TYULLING, CON to be used for future sumual repo						
For fu	rther information co	ncerning this matter, please ca	dl:						
U) MOI C	amacho Person	at (954) 99 Area Code D	7 - 3058 Paytime Telephone Number					
Enclo	sed is a check for th	e following amount:							
(X ∕s:	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)					

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paul Blake Transpo	plation LLC	·	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our reciability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 227	21 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil Compared to the limited liabile and contain the words "Limited Liabile"	tion LLC	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12214 Kent Boog Rat	on Way on, FL 33428	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12214 Kent Buca Rato	on Way on, FL 33428	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	uddress on our records, <u>eñ</u>	ter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ad	dress	
	. Florida		
	City	Zip Code	
No. 19 Marie de La contrata Champana de la base de la Declatació de Acesta			

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

<u>Title</u>	Name	Address	Type of Action
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65 41	(ontional)	
lote: If	tive date, if other than the date of filing: (optional) (it is date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list not's effective date on the Department of State's records.	5.020 ted a
record I is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.	er the
atcd _	APRIL IST 2022.	
	Welma Car	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00