L20 000 100 547

	(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:
L	





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COVER LETTER

TO:	Registration Sec Division of Corp			
enn n	COT.	12 TKA	INSPURT LLC	
SUBJI	ECT:		ited Liability Company	
Th	uland Surialan ac	•	aring d for filling	
		Amendment and fee(s) are sub	_	
Please	return all correspor	idence concerning this matter	to the following:	
		JACQUE	S AMILCAR	
			Name of Person	
		J	2 TRANSPOKT L	LC
			Firm/Company	
		13027	SW 114TH LAN	<u> </u>
			Address	
		MIAMI	FL 33186	
		i 2 trai	City/State and Zip Code 15 par f LLC wor to be used for future annual report no	Hock, cam
		E-mail address: (to be used for future annual report no	tification)
For fur	ther information co	ncerning this matter, please ca	all:	
	O AGUE	S AM/L/AR	at (<u>305</u>) <u>96</u> Area Code Daytin	2 - 9334 pe Telephone Number
			•	•
Enclos	ed is a check for the	e following amount:		
□ \$2	5.00 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:
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

	STONI LL		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number (20000 1005 U)	y were filed on	4/10/2020	and assigned
Florida document number 2 20000 1005 4 F			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company ho	re:	
The new name must be distinguishable and contain the words "Limited Liab	vility Company," the d	esignation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			S ₁ 023
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BON)			- m
			ラ ラ こ
			ين الله
B. If amending the registered agent and/or registered office	address on our re	ecords, <u>enter the nam</u>	e of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>		
l hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complete			

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>	<u>Name</u>	Address	Type of Action
MGR	TENISE SCOTT	5454 KYLAN DX N	□Add
	,	SACKSONVILE, FL 32209	, Atteniove
		475 OTTER CREEK Rd	
MGR	TAREN LAKAN Cal	laway FITZGERALD GA31	75°0 BAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		38.8631	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
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Note:	tive date, if other than the date of filing:
the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	7-5-2023
	Signature of a member or authorized representative of a member
	A C G U 2 C A M i / C G / Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00