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(Requestor's Name)
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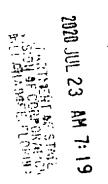


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SEP 11 2020 S. YOUNG

COVER LETTER

	Registration So Division of Cor		* .	
SUBJEC		ransport LLC		
SOBJE.C		Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Picase re	turn all correspo	ondence concerning this matter	to the following:	
		Patrick Dehaven		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Havenly Transport LLC		
			Firm/Company	
		7901 4th st N Ste 300		
			Address	
		St Petersburg FL 33702		
		patrickdehaven@gmail.con	City/State and Zip Code 1 to be used for future annual report noti	
For furthe	er information c	oncerning this matter, please c		rication)
Patrick D		oneething this matter, piease e	407 712-4298	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
☐ \$ 25.0	0 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)
F E	Aailing Address Registration S Division of Co	ection orporations	Street Address: Registration Second Division of Control The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

چې

Havenly Transport LLC		
(Name of the Limited Liability C	Company as it now appears on our records mited Liability Company)	
(A Florida En	miled Enterinty Company)	2000 50
The Articles of Organization for this Limited Liability Com	npany were filed on 04/21/2020	23 and assigned
Florida document number 1.20000108979		見る
- Introduction number		一
This amendment is submitted to amend the following:		6
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	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 ADDRES	<u>SS)</u>	<u> </u>
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	office address on our records, enter	the name of the new registered
agent and/or the new registered office address here:		
N CNI Deviational Assessed		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	Enter Florida street addres.	s.
		o rida
	City	ир соне
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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
mgr	Sara Jaeger	32236 Holopaw Trl	≣ Add
		Sorrento FL 32776	□Remove
			□Change
			□Add
		•	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
	• •		□Remove
			□Change
			
			□Change
			□Remove
			□ Change

Signature of a member or authorized representative of a member. this date will not be listed a social specified and social specified and specified are specified as specified and specified and specified are specified as specified and specified are specified as speci	fective date, if other than the date of filing:		
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