K20000121393

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
	·	·
(Досі	ıment Number)	1
ν-	Ź	
Certified Copies	Certificate	s of Status
Ceranica Copies	Certificate.	3 OI Otatus
Special Instructions to Fi	ling Officer:	
<u>.</u>		
<u></u>		

Office Use Only



700371767277

08/19/21--01013--002 **25.00

2021 AUG 19 PM 3: 0: SECRETARY OF STAT

931

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of C	orporations			
SUBJECT:	MLR Transfor	rt LLC		
	Name of Lim	ited Liability Company		
The analogod Articles	of Amendment and fee(s) are sub	mitted for filing		
Please return all corres	pondence concerning this matter	to the following:		
	M	Name of Person		
		Name of Person		
		Firm/Company		
	85	198 Dandy Ave	40	
		Address		2021
		c 11. C1 20211	17.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	a T
	Uack	SUNVITE PI, SZZII		79
	MICTON	Sunville F1, 32211 City/State and Zip Code SP+24@gMall.com	19 E	e in
	E-mail address: (to be used for future annual report notif	ication)	3 0
For further information	concerning this matter, please c	all;	SECRETARY OF STATE CONTROL OF STATE CONT)
Mar	lon Royal	at (904) 994-2	2005	
Name	e of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for	r the following amount:			
□\$25,00 Filing Fec	☐ \$30.00 Filing Fee-& Certificate of Status	☐ \$55.(X) Filing Fee &~ Certified Copy (additional copy is enclosed)	□ \$60.00-Filing.Fee, Certificate of State Certified Copy (additional copy is enc	
<u>Mailing Addı</u>		<u>Street Address:</u>		
Registration		Registration Sec		
Division of	Corporations	Division of Cor	porations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ISPOR		<u> </u>			
(Name of the Limited Liabili (A Florida	lity Compan la Limited L	<u>iv as it now ap</u> iability Compa	<u>pears on our r</u> ly)	ecords.)		
The Articles of Organization for this Limited Liability Colorida document number <u>L 2000121393</u>		were filed on	_5/5	120	and a	ssigned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	nited liabil	lity company	y here:		~1	
MLR Removal and the new name must be distinguishable and contain the words "Lim	J Tro	nsport	L.L.C		921 SEC	
The new name must be distinguishable and contain the words "Lin	mited Liabili	ty Company," t	he designation	"LLC" or the	Sportialist Control	L.L.C
Enter new principal offices address, if applicable:				·	<u> </u>	
Principal office address MUST BE A STREET ADDI	<u>RESS)</u>		<u> </u>		13.5.V	
					175 C	<u> </u>
					EL ALE	.) .)
Enter new mailing address, if applicable:					.	
Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ddress on ou	ır records, <u>ç</u>	enter the na	ime of the n	<u>ew registero</u>
Name of New Registered Agent:					<u></u>	
New Registered Office Address:						
		Enter	Florida street i	uddress		
				_, Florida _	Zip Cod	
		City			Zip Cod	'e
New Registered Agent's Signature, if changing Registers	ed Agent:					

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Rепюче
			Change
			
			□Remove
			SC Schange
			SECRETARY OF STATE ALL/All/ASSEI, FL
			Remove
			STA GO Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Rетюче
			□ Change

		<u> </u>						
					<u></u>			
				<u> </u>			··· -	
	_	•	-					
		<u> </u>						
			·· ·		_			
			···					
								
					<u></u>	113 133 134	202	
					12	PET	AUG	
							19	
							PH	909
 					<u>.</u>	<u>12</u>	- છ	
						TT.	03	
					.	-		
Tective date, if other in effective date is listed, te: If the date inserte cument's effective date	d in this block doc	s not meet the	applicable statut	iling or more than tory filing requir	(option 90 days after fil ements, this d	ing.) P	urstrant II not t	to 605.02 be listed a
ecord specifies a delay is filed.	ed effective date. I	but not an effec	ctive time, at 12:	01 a.m. on the e	arlier of: (b)	The 9	Юth da	y after th
ted		·						
		1/1/	111					
	· · · · · · · · · · · · · · · · · · ·	/ //						