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2020 JUN 29 PM 5: 51 SECRETARY OF STATE

D. BRUCE AUG 12 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: John Christys Tansport & Towns, LLC Namo of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John (MOSty Name of Person
John (hristy's Transport + Towns
5033 Court St
2tphyshills FL 33542
TCT(ans per + 727 & gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lauren Potchon at 177 351-7459 8 Name of Person O' John Christy Enclosed is a check for the following amount:
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy 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

(John Christy (Name of the Limbs	ed Liability Compan (A Florida Limited Lin	S (00 (-) y ay it how appears ability Company)	on our records.)	9 , L	- -	
The Articles of Organization for this Limited Li. Florida document number <u>L 200011</u>	ability Company v	vere filed on	05 27-202	Oand	assign	ed
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabil	ity company her	<u>'e</u> :			
The new name must be distinguishable and contain the wo	ords "Limited Liabilit	y Company," the de	signation "LLC" or the	abbreviation	L.L.C	
Enter new principal offices address, if applica	able:					
(Principal office address MUST BE A STREE	T ADDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>					
B. If amending the registered agent and/or re		ldress on our re	cords, enter the na	က္တာ <u>င္</u> က m င္တာ Ethe	20 2 r	egistered
agent and/or the new registered office addres	<u>s here</u> :					~~ [7]
Name of New Registered Agent:	John	Eric	Chris	## T	29 P	(JERAMA [
New Registered Office Address:		:		in in	 ∢л_—	\bigcirc
		Enter Florid	da street address	TATE	2	
	_	Ciţ	Florida _	Zip Co	кlе	

New Registered Agent's Signature, if changing Registered Agent:

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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
MR.	John Christy	5033 Court St	XAdd
	,	Zepnychills, FL	□Remove
		335/Q	□Change
Ms_	Lauren Patchen	379 47 th Ave N	□Add
		379 47 th Ave N St. Petersbug Fc 103	
		3370	
			□Add
			□Remove
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			🗆 Add
			Remove 202
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Filing Fee: \$25.00