

L20000150940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

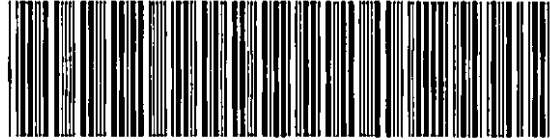
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

10/21/21
JAH

Office Use Only



600374041536

10/12/21--01025--022 **30.00

FILED
2021 OCT 12 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FL 32310

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NCE Transporter LLC

Name 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:

Johnathan Addison

Name of Person

NCE Transporter

Firm/Company

5223 SW 25th Street

Address

West Park FL 33023

City/State and Zip Code

ncctransporter@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnathan Addison

201

844-5405

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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**

FILED

2021 OCT 12 PM 4:10

NCE TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 03, 2020 and assigned
Florida document number L20000150940.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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:

5223 SW 25th Street

(Principal office address MUST BE A STREET ADDRESS)

West Park, FL 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Donna Addison

New Registered Office Address:

5223 SW 25th Street

Enter Florida street address

West Park

Florida 33023

City

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Johnathan P Addison	5223 SW 25th Street	<input type="checkbox"/> Add
		West Park, Florida 33023	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Kymanni J Addison	9015 Melody Road	<input type="checkbox"/> Add
		Lakeworth, Florida 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DiosMayra Bueno	9015 Melody Road	<input type="checkbox"/> Add
		Lakeworth, Florida 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Donna Addison	5223 SW 25th Street	<input checked="" type="checkbox"/> Add
		West Park, Fl 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 10-5 . 2021.

Donna Addison
Signature of a member or authorized representative of a member

donna addison
Typed or printed name of signee