## L20000157185

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Y. SCOTT APR 1 8 2022

## **COVER LETTER**

	ion Section of Corporations	·	
SURJECT:	BNY Transi	ort Express LLC mited Liability Company	
	Name of Lin	nited Liability Company	_
The enclosed Artic	les of Amendment and fee(s) are sul	bmitted for filing.	
Please return all co	rrespondence concerning this matter	r to the following:	
	Bo	Birgerson Name of Person	_
		Name of Person	
		Firm/Company	
	114	11 NE 3 <sup>rd</sup> Ne	-cs. ~
		Address	DZZ AH
	Fort La	City/State and Zip Code	7 A
	the	1000 @ gma, 1, com &	9 ⊋ ∏
For further informa	ri-mail address:	Address  Ad	3: 31 3: 31
Bo	Birgerson	at (756) 485 – 6013 Area Code Daytime Telephone Nun	
N	lame of Person	Area Code Daytime Telephone Nun	nber
Enclosed is a check	for the following amount:		
图 \$25.00 Filing F	Fee S30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	O Filing Fee, ficate of Status & fied Copy conat copy is enclosed)
Mailing A		Street Address:	
-	tion Section of Corporations	Registration Section Division of Corporations	
P.O. Box	•	The Centre of Tallahassee	
	see, FL 32314	2415 N. Monroe Street, Suit	e 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ort Expres	
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our ed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>LROCO157185</u> .	iny were filed on <u>06/</u>	38/2030 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Free Enterprise transfer free Enterprise trans	insportation s	system LLC
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<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 office address here:	ce address on our records	SECRE ASSEE. PH 3: enter the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	City	, Florida
	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>	Address	Type of Action
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ord specifies a delayed effec filed.	tive date, but no	ot an effective	e time, at 12:0	)1 a.m. on the e	arlier of: (b) T	he 90th	ı day after t
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Typed or printed name of signee