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(((H20000379680 3)))



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To:			**
	Division of Corporations		
	Fax Number : (850)617-6383		• • •
From:			
	Account Name : LEGALZOOM.COM INC.		
	Account Number : I20010000062 Phone : (323)962-8600		
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ar En	Fax Number : (323)962-3889  the email address for this business enumal report mailings. Enter only one enail Address:  LC AMND/RESTATE/CORRECT OF STEPHANIE'S TRANSPORT	OR M/MG RI	d for futulease.**
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11/3/2020 11:00:39 AM # PAGE

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November 3, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

STEPHANIE'S TRANSPORTATION LLC 474307 E STATE ROAD 200 FERNANDINA BEACE, FL 32034US

SUBJECT: STEPHANIE'S TRANSPORTATION LLC

REF: L20000172227

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please specify if our office is adding, removing or changing the information provided for Michael G Walden.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III FAX Aud. #: H20000379680 Letter Number: 720A00021927

## **COVER LETTER**

TO:	Registration Se Division of Cor			
cunus		IE'S TRANSPORTATION LL	С	
SUBJE	LI;	Name of Limi	ited Liability Company	
The enci	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	etum all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		-1 -2
			Firm/Company	
		101 N Brand Blvd 11th Fl		ZEZ DEC
			Address	
		Glendale, CA 91203		70
			City/State and Zip Code	9
		michaelgwalden@nol.com		
		E-mail address: (	to be used for future annual report no	ification)
For furtl	her information o	oncerning this matter, please ca	oll:	
Cheyen	ne Moscley		800 773-0888	
	Name o	f Person		ne Telephone Number
Enclose	d is a check for th	ne following amount:		
	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	orations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

STEPHANIE'S TRANSPORTATION LLC		
(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000172227}{L20000172227}$	were filed on 06/22/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	232
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abhreviation "L.L.C."
Enter new principal offices address, if applicable:	503A Centre St.	-9
(Principal office address MUST BE A STREET ADDRESS)	Fernandina Beach, FL 32034	· P
	·	
		€. 19
Enter new mailing address, if applicable:	503A Centre St.	
(Mailing address MAY BE A POST OFFICE BOX)	Fernandina Beach, FL 32034	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.  Name of New Registered Agent:		enter the name of the
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Flor	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete	ree to act in this capacity. I furt	ther agree to comply v I I am familiar with a

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

To: Page 6 of 7 •

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

Title	Name	Address	Type of Action
AMBR	Michael G Walden	503A Centre St.	DAdd
		Fernandina Beach, FL 32034	☐ Remove
			<b>♥</b> Change
			☐ Remove
			Change
<del></del>			DAdd
			Remove
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			Change

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Tective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior of the date inserted in this block does not meet the application cument's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlie
ted 10/20/2020	
Signature of a member or author	orized representative of a member

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Filing Fee: \$25.00