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(Requestor's Name)
(Address)
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2021 FEB -4 PM 2: 34 SECRETARY OF STATE

3/20121

COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJE	CT:		Transport ((C)	
The end	closed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		Shaquil	Name of Person	
			Firm/Company	
		9121 1	Pershote Pl, ic	
		1 5 / 1 / 1	City/State and Zip Code Van Spart IIC. (2) rm To be used for future annual report notifi	
For fur	ther information con	cerning this matter, please each	at (954) 793 - (Area Code Daytime	981 Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$ 2:	5.00 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:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

<i>(</i> 1	2021 FEB -4 PM 2: 34
Colting Transition	YT LLC
(A Florida Limited Li	y as it now appears on our records: TARY OF STATE ability Company) TALL ALLAY SEE, FL
The Articles of Organization for this Limited Liability Company v Florida document number <u>L20000182164</u> .	vere filed on JUNE 29 10 JD and assigned
•	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	. /.
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
	N 1 / A
Name of New Registered Agent:	N/B
New Registered Office Address:	N/A
	Enter Florida street address
	Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
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
MGR	Clive Colganoun AJr	121 Pershore Pl Termació Fl, 33321	□Add
	t	Tamarac Fl, 33321	ZRemove
			☐ Change
			🗆 Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			🗆 Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

Authon	zed Person				
<u>-P</u>	trase chance BR (Shaqu	je Title	"Mar" to)	
AM	BR (Shage	uilla Lewis)	·	
	Please chan address ho	ge Shad	fuille Lew	2,2	
	address ho		80 NW UM 106 Pompa		
		FL	33069"		
	19121 Pershore Pl				
	Tan	anoc Fl,			
		5321			
If an effective date is listed, Note: If the date inserte	than the date of filing: the date must be specific and cannot d in this block does not meet the e on the Department of State's	e applicable statutory fil		.) Pursuant to 605.0207	
e record specifies a delay rd is filed.	ed effective date, but not an effe	ective time, at 12:01 a.m	, on the earlier of: (b) Th	ne 90th day after the	
Dated Jan	29 , 2	021.			
	174				

Filing Fee: \$25.00