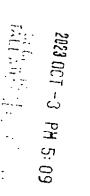


(71)	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer.	
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10/03/23--01025--003 **25.00





COVER LETTER

TO: Registration Se Division of Cor		•	•
	ND TRANSPORT(S) LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Reginald Shell		
		Name of Person	
	MILLS POND TRANSPO	RT(S) LLC	
		Firm/Company	
	3923 SW 12TH PLACE		
		Address	
	FORT LAUDERDALE FL	. 33312	
	r.shell@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please co	all:	
Reginald Shell		754 246-0044	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 S		Street Address: Registration Sec	tion
Division of C P.O. Box 632	-	Division of Corr The Centre of Ta	porations
Tallahassee, l			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILLS POND TRANSPORT(S) LLC

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

The Articles of Organization for this Limited Liability Company	were filed on <u>07/06/2020</u>	and assigned
Florida document number 1.20000191769		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MILLS POND TRANSPORT LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3923 SW 12TH PLACE	
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE FL	2023
	33312	23 O
		01-3
Enter new mailing address, if applicable:		72
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	
Name of New Registered Agent:		
New Registered Office Address:	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 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 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	Reginald Shell	3923 SW 12TH PLACE, FORT LAUDERDALE FL	31 ≘ Add
			□Remove
			□Change
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Name			
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fective date, if other than the dat in effective date is listed, the date must be ite: If the date inserted in this block cument's effective date on the Depar	specific and cannot be prior to date of does not meet the applicable sta		τ filing.) Pursuant to 605.020
	ite, but not an effective time, at 1	2:01 a.m. on the earlier of: ()	b) The 90th day after the
September 29, 2023	01:51 p.m		

Filing Fee: \$25.00