LZ0000201242

(Re	questor's Name)	-
(Ad	dress)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

	Insport LLC Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vance Rateliff		
		Name of Person	
	Ratcliff Transport LLC		
	•	Firm/Company	
	PO BOX 1067		
		Address	· · · · · · · · · · · · · · · · · · ·
	Auburndale, Florida 33823	3	
		City/State and Zip Code	
	pac12vlr22@yahoo.com	only state and only code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Vance Ratcliff		480 696-0396	
Name o	f Person	at () Area Code Daytin	re Telephone Number
, idine o		Theu cour Dayin	ie reiephwie Namoei
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Section	
P.O. Box 632		Division of Corporations The Centre of Tallahassee	
Tallahassee,			be Street, Suite 810
·		Tallahassee, FI	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ratcliff Transport LLC

2020 A 10 17 PH 5: 46

(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 C	Company were filed on 07/13/2020	and assigned
Florida document number L20000201242	<u> </u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		111111111111111111111111111111111111111
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	:
	, Flo	orida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered as being filed to merely reflect a change in the registered company has been notified in writing of this change.	complete performance of my duties, an gent as provided for in Chapter 605, I ed office address, I hereby confirm tha	d I am familiar with and F.S. Or, if this document is

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	Pauline Ratcliff	8436 Jamestown Dr	
		Winter Haven, FL 33884	≣Remove
			□Change
MGR	Vance Rateliff	8436 Jamestown Dr	≡ Add
		Winter Haven, FL 33884	□ Remove
			□Change
			□Add
			Remove
			□Remove
			Change
			□Add
		□Remove	
			□ Change
			□Add
			Петоve
			□ Change

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Filing Fee: \$25.00