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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Dx	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS
JAN 2 8 2022



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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Sec Division of Corp	porations	,	
SUBJECT:	Lev TRa	NSPORT	110
SOBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Levon	Galun Name of Person	1 ya S
	Lev Tx	Name of Person	1110
		Firm/Company	
	2630 W	Broward	1 blud 203-572
	_		
	tort La	uderdale	FL 33312
	infodle	City/State and Zip Code V + R A N S P O F i to be used for future annual rep	t. com
			orthomication
	oncerning this matter, please ca		
Levon	Galumyan	J at (727)	601-0910
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	(V. \$30.00 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)
Mailing Address Registration S		<u>Street Add</u> Registrati	ress: on Section
Division of C		_	of Corporations

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lew Transport LLC

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

(A Florida Limited Liability Company)

Florida document number <u>L 20000 205 9</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ffice address on our records, <u>enter the name of the new register</u>
agent and/or the new registered office address here:	2072 JAN 20
Name of New Registered Agent:	2072 J.M. 20 220
Name of New Registered Agent:	2072 J.M. 20 220
Name of New Registered Agent:	Emer Florida street address City C

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>	Name	<u>Address</u>	Type of Action
AMBR	EKATERINA LINKO	apt 708, N. Bay Villa	d dr. Will
		apt 108, N. Bay Villa	ge FL 3319
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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te: If	the date inserted	than the date he date must be sp I in this block do e on the Departn	oes not meet the	applicable statu			(option days after fil nents, this d	a l) ing.) Pursuant to 605.0 ate will not be listed
ecord s s filed		ed effective date	, but not an effe	ective time, at 12	::01 a.m. o	n the ear	lier of: (b)	The 90th day after t
ed	0///	7/2022	··	·				
		Signa	ture of a member	or authorized repr	resentative (nt'a memb	er	
		12174110					-	
				Galu.				