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SEP 1 7 2020 S. YOUNG

COVER LETTER

	gistration Sect vision of Corpo			. <i>E</i>
SUBJECT:	Pa		nsport LLC	
The enclose	d Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	n all correspond	ence concerning this matter	to the following:	
		Lenny P	Name of Person	
			Firm/Сотрапу	
		4748-Cortla.	ad brive Address	
		Davenport	FL 33837 City/State and Zip Code	
		L PT 43 77 E-mail address: (1	to be used for future annual report noti	fication)
For further i	nformation con	cerning this matter, please ca	all:	
Lec	Nume of P	tillo erson	at (<u>407</u>) <u>501- f</u> Area Code Daytime	285 e Telephone Number
Enclosed is	a check for the	ollowing amount:		
□ \$25.00 I	Filing Fee	S30.00 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

E B T

Patillo Tr	ansport LLC
(<u>Name of the Limited</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	'ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>
B. If amending the registered agent and/or req agent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City: Zin 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
AMBR	Jailyn wilson	1506 Pear Tree Lane Greenshors, NC 2740	<u> </u>
-			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

Not	+ Applicable	
	1-	
		(4:1)
ffective d	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d	_ (optional) lays after filing.) Pursuant to 605.0207
Note: If the	he date inserted in this block does not meet the applicable statutory filing requireme	ents, this date will not be listed as
locument's	's effective date on the Department of State's records.	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
d is filed.		
Dated	· · · · · · · · · · · · · · · · · · ·	
	Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member	
	Length Typed or printed name of signee	