## LZ0000209907

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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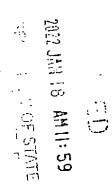
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## **COVER LETTER**

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Tallahassee, FL 32314

	Registration Se Division of Cor					
CUD IEC		ST TO COAST TRANSPORT	"LLC"			
SUBJEC'	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Bruce Brashear				
			Name of Person	· ·		
		Brashear & Assoc.,PL				
			Firm/Company			
		925 NW 56th Terrace Suit C				
		Address				
		Gainesville, FL 32605				
		City/State and Zip Code				
		BBrashear@nflalaw.com  E-mail address: (to be used for future annual report notification)				
For furthe	r information c	oncerning this matter, please ca	-	,		
Bruce Bra	ashear		352 336-0800			
	Name o	f Person	at () Area Code Dayti	me Telephone Number		
Enclosed	is a check for th	ne following amount:				
<b>■</b> \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:			
Registration Section Division of Corporations P.O. Box 6327		Registration S Division of Co				
			The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAC COAST TO COAST TRANSPORT "LLC"		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record. Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	y were filed on 07/20/2020	and assigned
lorida document number L20000209907		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ersonalized Boat Transport, LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		2022
Mailing address MAY BE A POST OFFICE BOX)		ندر بازر است. پ
		-7
		· Ω
3. If amending the registered agent and/or registered office	address on our records, enter	the name of the new register
gent and/or the new registered office address here:	· <del></del>	
		÷ 5
Name of New Registered Agent:		-1 0
New Registered Office Address:	Enter Florida street addres.	r
	Emer 1 toring preet unives.	,
		orida
	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
			□Add
			□Remove
		_	□Change
		<del></del>	
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C. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 k does not meet the applicable statutory filing requirements, this date will not be listed as
the record specifies a delayed effective ecord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated January //	2022
Mal	Entra
S	gnature of a member or authorized representative of a member
MARK M TERHEGGEN	
	Typed or printed name of signee

. . .

Filing Fee: \$25.00