

L20 000 332 691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

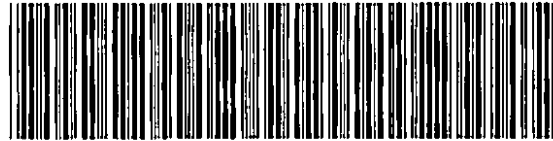
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200352374842

09/29/20--01003--022 \*\*25.00

RECEIVED

SEP 28 2020

NOV 04 2020

S. YOUNG

2020 SEP 28 PM 6:48

FILED

## COVER LETTER

O: Registration Section  
Division of Corporations

SUBJECT: YSR Transport LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yanny K Seculolosa  
Name of Person

YSR Transport LLC  
Firm/Company

7104 N Kamparia Ave  
Address

Tampa FL 33614  
City/State and Zip Code

YSRTransport2070@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yanny K Seculolosa at (813) 446-0484  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

YSR Transport LLC

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

FILED  
2020 SEP 28 PM 6:49

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS

Enter new mailing address, if applicable: \_\_\_\_\_

Mailing address MAY BE A POST OFFICE BOX

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

GR = Manager  
MBR = Authorized Member

| <u>title</u> | <u>Name</u>          | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|----------------------|----------------------|--|
| MBR          | Yanny K Seculikolosa | 7104 N Kamparria ave | <input checked="" type="checkbox"/> Add    |
|              |                      |                      | <input type="checkbox"/> Remove            |
|              |                      |                      | <input checked="" type="checkbox"/> Change |
|              |                      |                      | <input type="checkbox"/> Add               |
|              |                      |                      | <input type="checkbox"/> Remove            |
|              |                      |                      | <input type="checkbox"/> Change            |
|              |                      |                      | <input type="checkbox"/> Add               |
|              |                      |                      | <input type="checkbox"/> Remove            |
|              |                      |                      | <input type="checkbox"/> Change            |
|              |                      |                      | <input type="checkbox"/> Add               |
|              |                      |                      | <input type="checkbox"/> Remove            |
|              |                      |                      | <input type="checkbox"/> Change            |
|              |                      |                      | <input type="checkbox"/> Add               |
|              |                      |                      | <input type="checkbox"/> Remove            |
|              |                      |                      | <input type="checkbox"/> Change            |
|              |                      |                      | <input type="checkbox"/> Add               |
|              |                      |                      | <input type="checkbox"/> Remove            |
|              |                      |                      | <input type="checkbox"/> Change            |

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Me: Yanny K. Seculitola want to be the  
owner: (AMBR)

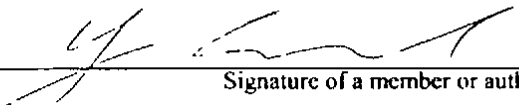
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  
ord is filed.

Dated 09/22/2020.

  
Signature of a member or authorized representative of a member

Yanny K Seculitola  
Typed or printed name of signee