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COVER LETTER

TO:

ΓΟ: Registration Se Division of Cor			
SUBJECT: 57	AVAGE TRAN	SPOATATION,	LLC.
50 bJr.X.1:	· · · · · · · · · · · · · · · · · · ·	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dennis S	avage Name of Person	
	Savage T.	ransportation, L	LC
	828 Gise	7 Court Care	· · · · · · · · · · · · · · · · · · ·
	Haines City	FL 33844 City/State and Zip Code hoo. Com to be used for future annual report noti	
		hoo. Lom to be used for future annual report noti	tication)
For further information c	oncerning this matter, please co		
Dennis Name o	Savage f Person	at (<u>727</u>) <u>502</u> - Area Code Daytim	9849 e Telephone Number
Enclosed is a check for th	ne following amount:		
X \$25.00 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 Addres Registration 5 Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Cor	porations
Tallahassee. I		The Centre of T 2415 N. Monro Tallahassee, FL	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Savage Transport	LL.C.	
Savage Transport (Name of the Limited Liability Compared (A Florida Limited L	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000325810</u> .		d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
Savage Transportation, L.L.C. The new name must be distinguishable and contain the words "Limited Liabil	<u>C.</u>	nd 1 (3.1)
The new name must be distinguishable and contain the words. Elimited Elami	my Company. The designation "LLC" or the appreviate	on "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	828 Gisele Court	<u>, </u>
	Haines City, FL 33844	<u> -</u>
Enter new mailing address, if applicable:	828 Gisele Court. Harnes City Fl 33844	
(Mailing address MAY BE A POST OFFICE BOX)	Haines City FL 33844	- 1
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the	 e new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City Zip C	ode

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
			□Remove
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ian effect <mark>Note:</mark> If	tive date is listed Tthe date insert	er than the dat , the date must be ed in this block ate on the Depar	specific and car does not mee	nnot be prior to t the applicab	date of filing or mole statutory filin	ore than 90 days a g requirements,	ptional) fter filing.) Pu this date wil	rsuant to 605.0207 I not be listed as
d is filed	d.		le. but not an	effective tim	e, at 12:01 a.m.	on the earlier of	: (b) The 96	oth day after the
Dated	14 AP) - h	214	· -	2021	Zed representative			
	,	/ /		/3	_			

Filing Fee: \$25.00

Typed or printed name of signee