

L20 000 239982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

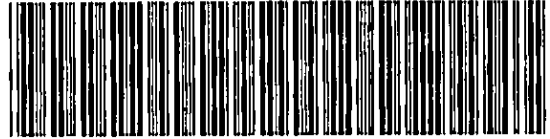
(Business Entity Name)

(Document Number)

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10/26/20--01017--004 \*\*25.00

FILED

2020 OCT 26 PM 4: 44

SECRETARY OF STATE  
TALLAHASSEE, FL

12/14/20

On

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Full Force Transportation 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:

Anneka Lawrence  
Name of Person

Full Force Transportation LLC  
Firm/Company

2630 W Broward Blvd Ste <sup>203</sup> ~~760~~ # 760  
Address

Ft Lauderdale FL 33312  
City/State and Zip Code

Anneka0606@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anneka Lawrence at ( 954 ) 446-5336  
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**

**FILED**

2020 OCT 26 PM 4:44

Full Force Transportation LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/07/2020 and assigned Florida document number L20000239982.

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)

2630 W Broward Blvd Ste 203 #  
Ft Lauderdale FL 33312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2630 W Broward Blvd Ste 203 #  
Ft Lauderdale FL 33312

**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:

2630 W Broward Blvd Ste 203 # 760  
*Enter Florida street address*

Ft Lauderdale, Florida 33312  
*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**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Anneka Lawrence	1861 NW 58 Ter Apt A	<input type="checkbox"/> Add
		Sunrise FL 33313	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Michael Bowman	1861 NW 58 Ter Apt A	<input type="checkbox"/> Add
		Sunrise FL 33313	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

If the 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**