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PICK-UP	☐ WAIT	MAIL
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HAY 1 5 2021 R. HUNT

## **COVER LETTER**

TO: Registration Section

Division of Corporations
SUBJECT: My Turo 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:
Tegica toward Curry Name of Person
My Turn Transport LC Firm/Company
1210 lebrus de Address
City/State and Zip Code  H Curry 34 and Company (Company)  E-mail addresser to be used for furnily annual report notification)
For further information concerning this matter, please call:
Tegina Curry  Name of Person  at (904) 963 - 3344  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  (D \$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company	were filed on August 10, 300 and assigned		
Florida document number 170000 24 2339			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil  Transportoria  The new name must be distinguishable and contain the words "Limited Liabili	onuc		
Enter new principal offices address, if applicable:	1210 1 em of		
(Principal office address MUST BE A STREET ADDRESS)	500030011/18 F1 37805		
Enter new mailing address, if applicable:	1210 worn or \$	factor and the	
(Mailing address MAY BE A POST OFFICE BOX)	3005 3	,	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere	<u>:d</u>	
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 agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paining filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	01	

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>	Address	Type of Action
Ween	Teaira curry	1210 repando	□Add
		30x F1 32205	□Remove
			□Change
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			□Remove
			□Change

M	y legal company name is My Turn	
	oraport uc. I should have been	
Mc	y Tem Transportation U.C.	
	<del></del>	
	<del></del>	
If an effective d Note: If the	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 605.02 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.	
ne record speci ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated O	1205/2021	
	Signature of a member or authorized representative of a member	
	Teging Cury Typed or printed name of signee	

Filing Fee: \$25.00