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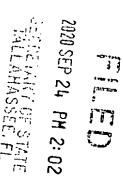
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

ere incom	. ULYSSE TRA	ANSPORTATION, LLC	10 P
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		NANCY ULYSSE MCKINNEY	
		Name of Person	
		N A	
		Firm Company	
	205	4 VISTA PARKWAY, STE 400	
		Address	
	WE	ST PALM BEACH, FL 33411	
	-	City/State and Zip Code	
		OULYSSETRANSPORTATION.	
		to be used for future annual report no	tification)
For further information of	concerning this matter, please c	ali:	
NANCY U.	MCKINNEY	240 988-7345 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ULYSSE TRANSPORATION, L	LC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	nppears on our records.)	
The Articles of Organization for this Limited Liability Company were filed	onAUGUST 14, 2020	and assigned
Florida document number <u>L20000248931</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	any here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liability Company	v." the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
		NO P
Enter new mailing address, if applicable:	<u></u>	?? ≠ [
(Mailing address MAY BE A POST OFFICE BOX)		P III
		m ω
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name</u>	of the new registere
Name of New Registered Agent:		
New Registered Office Address:		·
En	iter Florida street address	
	, Florida	
Ciţv		Zip Code

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>	Name	Address	Type of Action
MGR	GREGORY ULYSSE	2348 LENA LN. WEST PALM BEACH, FL 33415	= Add
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			Change
			⊏∧dd
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Note:	tive date, if other than the date of filing:	05.0207 (3)(l isted as the
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afiled.	ier the
Dated	· · · · · · · · · · · · · · · · · · ·	
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00