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. (Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	; #)
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COVER LETTER

TO: Registration So Division of Cor					
SUBJECT:	Velvett Tro	unsportation C	ilic.		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ondence concerning this matter t	o the following:			
	Nicho Velvett	olas Velvett Name of Person Transportation			
	verve.(j	Firm/Company	10,0,0		
	22409 E	splanade Ave	<u>, , , , , , , , , , , , , , , , , , , </u>		
	Port Cl	arlotte F1, 3 City/State and Zip/Code	3954		
	E-mail address: (to	/e ve H @ yma	il/COM fication)	2020 SEP	4 1
For further information c	concerning this matter, please ca	II:		24	+ 1123
Name o	ias Velvett of Person	at (<u>941</u>) <u>COS</u> Area Code Daytime	r-2210 c Telephone Number	PH 12: 30	
Enclosed is a check for the	he following amount:			•	
□ \$25.00 Filing Fee	≤ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py	

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

11-1 11-7

Velve	(Name of the Limited Liability Company as it now appears on our records.)		
(Name of the Limi	(A Florida Limited Liability Company)		
The Articles of Organization for this Limited L	iability Company were filed on 9-1-20	and assigned	
Florida document number <u>L200062.</u>	5013Le		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liability company here:		
The new name must be distinguishable and contain the	amendment is submitted to amend the following: Tamending name, enter the new name of the limited liability company here: Even name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or new principal offices address, if applicable: Cipal office address MUST BE A STREET ADDRESS) From new mailing address, if applicable: Cipal office address MAY BE A POST OFFICE BOX) From new mailing address, if applicable: Cipal office address MAY BE A POST OFFICE BOX) From new mailing address, if applicable: Cipal office address MAY BE A POST OFFICE BOX From new registered agent and/or registered office address on our records, enter the name of the new registered tand/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Delicate Velvett Company in the designation "LLC" or the abbreviation "LLC" For new principal office address in the words "Limited Liability Company in the designation "LLC" or the abbreviation "LLC" For new principal office address in the words "Limited Liability Company in the designation "LLC" or the abbreviation "LLC" For new principal office address in the words "Limited Liability Company in the designation "LLC" or the abbreviation "LLC" For new principal office address in the words "Limited Liability Company in the designation "LLC" or the abbreviation "LLC" For new principal office address in the words "Limited Liability Company in the designation "LLC" or the abbreviation "LLC" For new principal office address in the words "Limited Liability Company in the designation "LLC" or the abbreviation "LLC" For new principal office address in the words "Limited Liability Company in the designation "LLC" For new principal office address in the words "Limited Liability Company in the designation "LLC" For new principal office address in the words "Limited Liability Company in the designation "LLC" For new principal office address in the words "Limited Liability Company i		
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>	2021	
		AC S	
		P 2	
agent and/or the new registered office addre	iss uere:	2	
Name of New Registered Agent:	Melissa Velvett		
New Registered Office Address:	22409 Esplanade Aug	? 	
	Port Charlotte, Florida		
	UNV	Zin 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 Title Name Address Type of Action Nicholas Velvett 22409 Esplanade Ave. Add
Port Charlotte, F1. 33954 Remove ____ 🗀 Change Melissa Velvett 22409 Esplanade Ave DAdd
Port Charlotte, F1. 33754 Gremove AMBR □Change _____ 🗆 🗀 Add □ Change \square Add ☐ Change □Add Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, i)	necessary.)	
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Effective date if other than the date of fillings		
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s after filing.) Pursuant to 605.020 s, this date will not be listed a	.07 (3) as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier cord is filed.	of: (b) The 90th day after the	ie
Dated September 21. 2020.		
Dated September 21 2020. Signature of a member or authorized representative of a member	9	
Oicholas Velvett Typed or printed name of signee		

Filing Fee: \$25.00