L20000252336

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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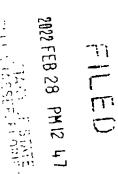
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A. RAMSEY MAR 0 4 2022

COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: MC Transport 3 Log 54/65 LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul Colc Name of Person
Firm/Company
9335 W Commerical bluch 105
TAMAVAC FL 33351 City/State and Zip Code
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Paul Colc Name of Person Firm/Company 9335 W COMMERCA block 105 Address TAMAN HC FL 33351 City/State and Zip Code F-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Paul Colc F-mail address: Street Address: Street Address: Street Address: Name of Person Street Address: Street Address: Name of Person Street Address: Street Address:
For further information concerning this matter, please call:
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 FEB 28 PHI2 47

(Name of the Limited Liability Compan	vas it nov appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2000025233</u> W	0 100 1000
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	idress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Ph. 24.

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.

Zip Code

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
MGR	Mishigaye Maxwell	2930 NW 56th AUC Laudernill FL 33313 Apt	tV/\dd 207-
			□Change
			□Add
			Remove
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Change

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ffective an effecti ote: If i	e date, if other than the date of filing: (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.	20)7 as (
ecord spits filed.	pecifies 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
ted	2-22 2022	
	dignature of a member or authorized representative of a member	