LZO 000 27818Z

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ON) POLICE ENTER HONE II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

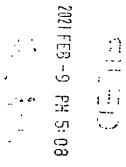




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MAR 3 0 2021 S. YOUNG



COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations			
SUBJECT: ANISTRONG I	2ANSPORT	LIC.	•
	Name of Limite	d Liability Company	
The enclosed Articles of Amendment ar	ıd fee(s) are subm	itted for filing.	
Please return all correspondence concer	ning this matter to	the following:	
VON	TRICIA	L. LEWIS Name of Person	
ANTS	TRONG TR	HNSBRT LLC. Firm/Company	
381	5 RIDGE	MONT RD Address	
<u>.</u>		37808 City/State and Zip Code	
For further information concerning this		ISPORTUCE/GIVATE be used for future annual report noti i:	fication)
ANTHONY BOOKER Name of Person		at (<u>371)</u> Area Code	- 2310 e Telephone Number
Enclosed is a check for the following as	nount:		
☑ \$25.00 Filing Fee ☐ \$30.00 F	Filing Fee & cate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Se	
Division of Corporations P.O. Box 6327		Division of Co The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Antstron	g Tran	sport	<u> LC</u>		
A)	Liability Company a Florida Limited Liab	ility Company)	our (ecorus.)	7	7.
(Name of the Limited (A) The Articles of Organization for this Limited Liab Florida document number <u>L200027</u>	oility Company we	re filed on 500	tanber 8	ded assign	ed
This amendment is submitted to amend the follow	ring:			ं पूर्	•
A. If amending name, enter the new name of the				. 08	
The new name must be distinguishable and contain the work	ds "Limited Liability (Company," the design	nation "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applicab	ole: _	NA_	-		
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u> _		.		
Enter new mailing address, if applicable:	-		<u>-</u> .		
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u> _				
B. If amending the registered agent and/or reg agent and/or the new registered office address		lress on our recor	ds, enter the na	me of the new re	<u>egisterec</u>
Name of New Registered Agent:	Vont	ricia	L. Leu	<u> </u>	
New Registered Office Address:	<u> 3815</u>	Enter Klerida s	mant K	oaci	
	Orland	City	Florida _	32808 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>	Address	Type of Action
VP/AMBIZ	VONTRICIAL LEWS	1931 SUNSET PALM DIR.	
		APOPKA, FL 32712	□Remove
			□Change
			□Add
			□Remove
			□Change
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te:	If the date inserted	than the date of the date must be speci- l in this block does ton the Departmen	not meet the	e applicable sta	of filing or r itutory filii	nore than 90 c ng requireme	_ (optional) ays after filing ents, this date	.) Pursuant to 605.02 will not be listed
cor s fi	-	ed effective date, b	ut not an effi	ective time, at	12:01 a.m.	on the earli	erof: (h) - Ti	ne 90th day after th
ted	Janua	ry 18	<i>- Â</i>	021				
		Signatur	e of a member	or authorized re	presentativ	e of a membe	г	
	Λ	r,	_	1				

Filing Fee: \$25.00