

L20000285143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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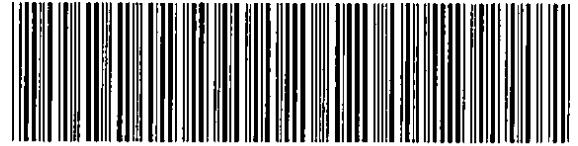
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

R. HUNT
07/05/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Run Transportation 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:

De'andre F. Cox

Name of Person

Florida Run Transportation LLC

Firm/Company

1345 NW 182nd street

Address

Miami, FL 33169

City/State and Zip Code

boblife305@gmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
DIVISION OF STATE
CORPORATIONS

For further information concerning this matter, please call:

De'andre F. Cox

Name of Person

at (305) 417 2194

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

3497 ENOKI Enterprise LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/11/20 and assigned
Florida document number L20000285143

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Florida Run Transportation LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

2430 NW 183rd street
Miami Gardens, FL 33056

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1345 NW 182nd street
Miami, FL 33169

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

De'andre F. Cox

New Registered Office Address:

2430 NW 183rd street

Enter Florida street address

Miami Gardens, Florida 33056

City

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.

D Cox

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>	<u>Address</u>	<u>Type of Action</u>
<u>pres.</u>	<u>De'andre Cox</u>	<u>2430 NW 183rd street</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Gardens, FL 33056</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u>Mgr.</u>	<u>De'andre Cox</u>	<u>2430 NW 183rd street</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Gardens, FL 33056</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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		<u></u>	<input type="checkbox"/> Remove
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		<u></u>	<input type="checkbox"/> Change

2023-05-12 PM 10:12
CLERK OF STATE
TALLAHASSEE, FL

2023-5 PH10:12
CLAY COUNTY OF STATE
MISSISSIPPI, FL

PH 10:12

6/27/23

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 27 2023

D. Cox

De'andre F. Cox

Typed or printed name of signee