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#### COVER LETTER

TO: Registration Division of C			
SUBJECT: FIC	MINSON TRAN	S PORT . L. L. C	
The enclosed Articles	of Amendment and fee(s) are subi	nitted for filing.	
Please return all corres	pondence concerning this matter (	to the following:	
	Fleurison	Saint VIL Name of Person	
		Firm/Company	
	4103 24THS	otw ApT 322 Address	
	BIAdeNter SELEWISEN	FL342C5 City/State and Zip Code  DYNHET-LEM o be used for future annual report notice	
For further information	E-mail address: (i		fication)
		at ( <u>941</u> ) <u>5 U 5 –</u> Area Code — Daytim	9561 e Telephone Number
Enclosed is a check for	the following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addi</u> Registration		Street Address: Registration Sec	stion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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.

FLEURISON TRANSPORT. 2.2.C

(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Li Florida document number $\frac{2200002}{}$	ability Company <u>9028</u> 6	were filed on <u>F</u> L	91/6/20	20 and assigned
This amendment is submitted to amend the follow.  A. If amending name, enter the new name of	-	ility company here:		-1 63 8: 07
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	n "LLC" or the a	
Enter new principal offices address, if applic (Principal office address MUST BE A STREE		Fleurison 4103 24THS BIADENIL	StWHI	17322
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	Flexivison PD.BC+12 ONELL F	'Sain7 10 2342	VIL 205
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records,	enter the nar	ne of the new registered
Name of New Registered Agent:	Fleu	Rison Sain	TVIL	
New Registered Office Address:		LITHS 7 WAP Emer Florida street	, , .	
	BRAde	Unter v torida street M	, Florida	34205 Lip 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.

FICHRISON SCITTIVEL
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	FledisonsainTuil	4103:24THS+WAPI322	&Add
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f an effe <u>Note:</u>	ve date, if other than the date of filing:
recore d is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
Dated _	1/25/21
	Fleurison saintvit  Signature of a member or authorized representative of a member
	Fleurison SainTVIL Fleurison ScrinTVIL



<u>Department of State / Division of Corporations / Search Records / Search by Name /</u>

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# No Events No Name History Detail by Entity Name

Florida Limited Liability Company FLEURISON TRANSPORT .L.L.C

#### Filing Information

**Document Number** 

L20000290286

FEI/EIN Number

NONE 852862585

Date Filed

09/16/2020

State

FL

Status

**ACTIVE** 

#### **Principal Address**

4103 24TH ST W

322

**BRADENTON 34205** 

# **Mailing Address**

PO.BOX1210

**ONECO FLORIDA 34264** 

### Registered Agent Name & Address

SAINTVIL, FLEURISON

4103 24TH ST W

322

BRADENTON, FL 34205

# Authorized Person(s) Detail

NONE FIRWISENSUINTVIL

Annual Reports LID3 24THSTW APT 322 No Annual Reports Filed BRADENTUNFL 34205

# **Document Images**

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