

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C-oil	Address:			

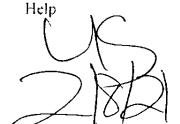
EB -5 AH 10:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUCKA FREE TRANSPORT LLC

Certificate of Status	0
Certified Copy	
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu



Page: € of 6 2021-02-04 15:56:50 PST 3239628300 ₽ COVER LETTER' TO: Registration Section Division of Corporations A Sucka Free Transport LLC SUBJECT: _ 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: Cheyenne Mosley Name of Person Legalzoom.com, Inc

Firm/Company 101 N Brand Blvd 11th Fl Address Glendal, CA 91203 City/State and Zip Code Tampa003@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chevenne Mosley Name of Person 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To: 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L. (A F	ability Company as it now appea orda Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil Florida document number L20000342452	ity Company were filed on	10/28/1984	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited ligbility company h	<u>iere</u> :	
Square Biz Express LLC			202 SE
The new name must be distinguishable and contain the words	"Limited Liability Company," the	, T	abbreviation "LL.C."
Enter new principal offices address, if applicable	<u></u>		>= 0
(Principal office address MUST BE A STREET A.	DDRESS)		
			SP P
		•	4: 42 STATE E, FL
Enter new mailing address, if applicable:			1.E. 2.
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	•	n our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Flo	orida street address	
_		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Regis	tered 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

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MGR = Manager

2021-02-04 15:56:50 PST

3239628300

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			CJ Add
			□ Remove
			Change
			Add
			Remove 22
			22 File Change
			Add PH CRemove
			rri No
			□ Remove
			□ Change
			П Remove
			□ Change
			Remove
			☐ Change

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	55.
	FILE #2
fective date, if other than the date of filing: m effective date is listed, the date must be specific and cannot be prior to date of nte: If the date inserted in this block does not meet the applicable state cument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.020 utory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier o
uted January 20 , 2021	
January 20 , 2021 L Gignature of a member or authorized repr	

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Filing Fee: \$25.00