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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A 10 B Transit 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:
Glennisha Bras Name of Person
A TOB Transit LLC Firm/Company
2410 Braemar Drive
Missimmee, Fl, 34743 City/State and Zip Code
E-mail address: (to be used for funder annual report notification)
For further information concerning this matter, please call:
Glenn's Sha Bras at (321) 217 8449 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ★ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) 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

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L200036698</u>	y were filed on	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	or the abbreviation I.A.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u>۔</u> <u>پ</u>
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		:• •'
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
· 	Enter Florida street addres:	<u> </u>
	, Flo	orida
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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:

Type of Action

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address

<u>AMBR</u>	Glennsha Bras	2410 Braemar Dr.	Add
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t ive date, if Hective date is:	other than the clisted, the date must	a te of filing: be specific and c	annot be prior to	o date of filing	or more than 90	(optional days after f	nal) iling.) Pursua	nt to 605.03
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Glennisha Bras

407.277-8449

PO BOX 771620 Mando P1 32877