# L20000369550

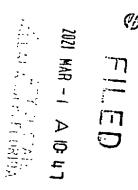
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## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
FTA TR	ANSPORTING LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	AMY WILSON		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	<del></del>
	455 HICKORY AVE		
		Address	
	ORANGE CITY, FL 3276	3	
	AAWILSON83@YAHOO	City/State and Zip Code COM to be used for future annual report not	ification)
For further informatio	n concerning this matter, please c	•	,
AMY WILSON		386 624-5570 at ()_	
Nair	e of Person		ne Telephone Number
Enclosed is a check fo	or 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 Add Registratio Division of P.O. Box 6	n Section f Corporations	Street Address: Registration Se Division of Con The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

#### FTA TRANSPORTING 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 NOV 23,2020 and assigned Florida document number L20000369550 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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:	
New Registered Office Address:	Enter Florida street address

City

#### New Registered Agent's Signature, if changing Registered Agent:

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 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
MGR	AMY WILSON	455 HICKORY AVE	□Add
		ORANGE CITY, FL 32763	
			□ Change
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			□ Remove
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