LZ0000388905

(Requestor's Name)	•
(Address)	•
(Address)	
(City/State/Zip/Phone #)	
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(Document Number)	
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		S ENTERPRISE TRANSPOR	TLLC	,
SOBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		MICHAEL B STEPHEN	IS	
			Name of Person	
		 	Firm/Company	
		1286 SUNRAY CT		
			Address	
		JACKSONVILLE, FL 322	18	
		METDCLLC@GMAIL.CO	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifica	ition)
For furth	er information co	oncerning this matter, please co	all:	
MICHAI	EL B. STEPHEN	NS .	904 806-9365 at ()	
	Name o	f Person		elephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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)
	<u>Mailing Addres</u> Registration S		Street Address: Registration Section	on

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

MITCHENS ENTERPRISE TRANSPORT LLC

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

(7	riorida Limited Liability Company)			
The Articles of Organization for this Limited Liab		and assigned		
Florida document number L20000388905	·			
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of t	he limited liability company here:			
MICHENS ENTERPRISE TRANSPORT LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)	202 SE		
	-	E A		
		A 1 2 1		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE By	0X)			
Manning accretion militiation of the property				
B. If amending the registered agent and/or regagent and/or the new registered office address		enter the name of the new registered		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
	Enter Florida street address			
<u>,</u>		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the ch	and complete performance of my dut ered agent as provided for in Chapter gistered office address, I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is		

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>	Address	Type of Action
			□Add
			Change
			
			□Remove
			□Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			□ Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Change

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ective date, if other than the effective date is listed, the date must	date of filing:	r to data of filing or many	(optional)	
e: If the date inserted in this blo	ock does not meet the application	cable statutory filing re	quirements, this date will not	be listed as
ument's effective date on the De	partment of State's records	5.		
cord specifies a delayed effective	e date, but not an effective i	time at 12:01 a.m. on t	he earlier of: (h) . The 90th da	av after the
s filed.	and, our not an enough t	and a raint aim. Of t	to carrier or. (b) The your de	, aller the
, JANUARY 04	2021			
ed	. 2021	<u> </u>		
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Typed or printed name of signee