LZ1000002187

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pitt Crew Transportation 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:
Raskima Corter Name of Person
Pitt Crew Transportation LLC Firm/Company
B761 N. 56TH St # 291118
Temple Temace, Fl 33617 City/State and Zip Code
Rysking Corte 200 mal. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 317-6485 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section Division of Company in the 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

2021 JAN 26 AM 7: 29

(Name of the Limited L. (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
	ity Company were filed on 12222 and assigned
This amendment is submitted to amend the following	ng:
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 A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, enter the name of the new registere ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	
New Registered Agent's Signature, if changing Regis	stered 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 2021 JAN 26 AH 7: 29 Address Type of Action **Title** Name Raskima Coltez STUI N. SUTH ST. # 291118 BAND MGR Temple Terrace F1. 336/7 DRemove _____ □Change □Remove _____ Change _____ □ Add □Remove □Change □ Change _____ □ Add □Add □Remove

.... □Change

	2021 JAH 26 AM 7: 29
 	
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	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ck does not meet the applicable statutory filing requirements, this date will not be listed a
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Pated January Z	2CTH 2021
Kokimer	Signature of a member or authorized representative of a member
Raskinga	Corte 2 Typed or printed name of signee

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