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## **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations					
SUBJECT: <u>TRANSP</u>	ARENT TRANSPORT, Name of Limit	LLC ed Liability Company				
	Amendment and fee(s) are submedence concerning this matter to					
Treads formally contrary.		nte Maintenance Lea	d			
	Proce	essing Department Firm/Company				
	1	450 Vassar St				
		Reno, NV 89502  City/State and Zip Code			2021.	
	E-mail address: (t	ocs@incauthority.com obe used for future annual report notific	cation)		JUI_ 29	
Process	oncerning this matter, please or	at (800 ) 638-2320	Telephone Number	9: 	02 :21 HG 82 JUL 1202	7 Mar 7 Mar 7 Arge
Enclosed is a check for the					0	
≥ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	of Status &		

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRANSPARENT TF  (Name of the Limited Liability Company (A Florida Limited Lia	RANSPORT, LLC (as it now appears on our records.)	
(A Florida Limited Lia The Articles of Organization for this Limited Liability Company w Florida document number <u>L21000010715</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		7021 JU
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2 P
B. If amending the registered agent and/or registered off	fice address on our records,	
registered agent and/or the new registered office address here	;	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	. <u></u>
	, Flor	idu
New Registered Agent's Signature, if changing Registered Agent:	City	749 Сыле
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my auttes, and provided for in Chapter 605, F.	S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR_	JEFFREY TURNER	506 E Parker St, Lakeland, FL, 33801.	O Add
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's rec	pplicable statute	ling or more than 90 ory filing require	(optional) Days after filing.) ments, this date w	Pursuant to 60 vill not be lis	95.0207 (3) sted as the
the record specifies a delayed effective date, bu ) The 90th day after the record is filed.	it not an effe	ctive time, at	12:01 a.m. o	n the ear	ier of:
Dated July, 16	21	,			
Signature of a member of	r authorized repre	esentative of a mem	ber		
	Nikali Jiles				
	r printed name of	signee			

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Filing Fee: \$25.00