## L21000017504

(Re	equestor's Name)	··· - ·
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## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: PURE	Quality Tran	Sportation ILC Liability Company	··
The enclosed Articles of Amer	ndment and fee(s) are submitte	ed for filing.	
Please return all corresponden	ce concerning this matter to th	e following:	
_	Frankie	Stoutemire J Name of Person	<u></u>
_		Firm/Company	<del></del>
-	1194 Bcc	Wnfield Bcl Address	
_	Pensacoio	Florida 3252	Llo
_	Skee 21 E-mail address: (to be	used for future annual report notificati	on)
For further information concer	rning this matter, please call:		
Frankie Sto		at ( <u>850</u> ) <u>7716 - 11</u> Area Code Daytime Tel	ephone Number
Enclosed is a check for the fol	Howing 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 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

(Name of the Limited Liability Corp.) (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number <u>1210001504</u> .	y were filed on January 5, 201	21 and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "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)			
Muning dadress MAT BEAT OF THE BOAT			
B. If amending the registered agent and/or registered office	address on our records enter the nam	e of the nev	registered
agent and/or the new registered office address here:	address on our records, enter the name		1020100
		}	1
Name of New Registered Agent:		<u> </u>	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		<u> </u>	1
	Enter Florida street address	Ċ	
<del></del>	, Florida	Č\	
	City	Zip Code	

## 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>	Name	Address	Type of Action
MGR	Frankie Stoutemire	Jr 1194 Brownfield Rd	XAdd
		Pensacola FL 32526	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Note	ctive date, if other than the date of filing:
the recectord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	January 27 . 2021.
	1