L21000027099

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000372325190

09/10/21--01013--016 **30.00

64/30/3031

SECRETARY OF SHE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		SPORtation, I	LC'
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MOZAR	D - HiPPiAST	e
	-mJmJ	TransPoRto Firm/Company	tion, Lhc
	6614	KReidt - D	DR
	ORLAN	DO FLORIDY City/State and Zip Code	8 18GE A
	E-mail address: (t	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ill:	
MOZARD -	Hippiaste fPerson	at (<u>407</u>) <u>520</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 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

FILED

2021 SEP 10 AM 8: 20

ibility Company as it now appears on our records ORE TARY OF STATE order Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>42100027099</u> 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 "LLC." 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

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.

City

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
AMBR	MOZARD - HIPPIAST	e 6614 KReiDt-DR	_ XAdd
		ORLANDO, FL 3281	& □Remove
			□Change
			🗆 Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□ Change

_	
_	
_	
_	
_	
_	
_	
_	
an effec <u>lote:</u> If	te date, if other than the date of filing:
record is filed	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 d.
ated _	$\frac{09-02}{xH-f-f}, \frac{2021}{singular of a member of authorized consequence in a far member.}$
	x H = 9 = k = k
	X 14 — Signature of a member or authorized representative of a member