L21000039853

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special histractions to Filing Officer.
no signature

Office Use Only



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January 24, 2022

TERRIO WILSON JR. 7387 BEAUMONT DR. LAKELAND, FL 33810

SUBJECT: BLUWAY TRUCKING LLC

Ref. Number: L21000039853

We have received your document for BLUWAY TRUCKING LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$7.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 822A00001781

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Sluway T		
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	TUTO W	IISON UY	
	. .	TYUCKINS Firm/Company	
	7387 bc	Shoot Dr. Address	
		TEL 33819 City/State and Zip Code 451@SMall.Com	<u> </u>
For further information co	E-mail address: (t neerning this matter, please ea	to be used for future annual report notif	ication)
TCCCO W Name of		at (863) 529 °	1738 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Moiling Address		Streat Address	

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

B14W95 T	YUCKING 2022 MAR 15 AM 9: 05
(Name of the Limited Liabili	ty Company as it now appears on our records.) a Limited Liability Company)
(11 10110	5 1 N N N N N N N N N N N N N N N N N N
The Articles of Organization for this Limited Liability C	Company were filed on 01/01/2022 and assigned
Florida document number L 21 00003945	3 .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
its Blyz Way LLC	
	ited 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 ADDR	(E33)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>vTitle</u>	<u>Name</u>	Address	Type of Action
·			□Add
			□Remove
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
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·			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an eff Note:	ve date, if other than the date of filing:
e recor ord is fil	d 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 ed.
Dated	,
	Signature of a member or authorized representative of a member
	Typed or printed name of signce