

Division of Corporations

L210004620073ABCW
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6363

From: Account Name : LEGALZOOM.COM INC.
Account Number : 123010000362
Phone : (323)962-8600
Fax Number : (323)962-3863

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC 20 PM 3: 28

FILED

2021 DEC 20 PM 2: 29

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LCO TRANSPORTATION LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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DEC 21 2021
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LCO TRANSPORTATION LLC

(Name of the Limited Liability Company as it now appears on our records, (A Florida Limited Liability Company)

FILED 2021 DEC 20 PM 3:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/11/2021 and ass

Florida document number L21000044910

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 "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)

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

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 Changing Registered Agent, Signature of New Registered Agent

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--|--|
| AMBR | CYNTHIA SANTIAGO | | <input type="checkbox"/> Add |
| | | 1367 WAFFLE ST PALM BAY, FL 32909 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | LUIS ORTA | | <input type="checkbox"/> Add |
| | | 1367 WAFFLE ST PALM BAY, FL 32909 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Luis Orta | 1367 Waffle St SE Palm Bay, Florida 32909 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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