L21000066772

| (Red | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | iress) | |
| (Add | lress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Doc | :ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

TO:

Registration Section

| Divi | sion of Cor | porations | | |
|-----------------------------------------------|--------------|-----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| | LMM TRA | NSPORTATION LLC | | |
| SUBJECT:Name of Limited Liability Company | | | | |
| | | | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | endence concerning this matter | to the following: | |
| | | CHARLES E WITHERSP | OON | |
| | | | Name of Person | |
| | | LMM TRANSPORTATIO | ON LLC | |
| | | | Firm/Company | |
| | | 2021 N 8TH AVE | | |
| | | | Address | - |
| | | PENSACOLA, FL 32503 | | |
| | | C.W.I.M.COUTLANA C | City/State and Zip Code | |
| | | C.W.LMM@OUTLOOK.C | OM to be used for future annual report n | otification) |
| For further in | formation c | oncerning this matter, please c | | |
| CHARLES V | VITHERSP | oon | 857 334-8925 | |
| _ | Name o | f Person | Area Code Dayt | ime Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ■ \$25.00 Fi | iling 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) |
| | ing Addres | | Street Address: Registration S | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | |
| | . Box 632 | | The Centre of | |
| Tall | ahassee, I | FL 32314 | 2415 N. Mon | roe Street. Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LMM TRANSPORTATION LLC | |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia | y a <u>s it now appears on our records.)</u> ability Company) |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000066772</u> . | vere filed on FEBRUARY 8, 2021 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liabili</u> | 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: | 202 77 |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | 22 |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | <u> </u> |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: | ldress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Florida |
| | Cinc Zin Coda |

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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
| | | | □ Add |
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| | | | □Change |

| | initial for Mr. Charles Witherspoon is the letter "E". The correct legal name is "Charles E Witherspoon", not |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------|
| | "Charles D Witherspoon" as previously submitted. |
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| an ei (ote: | tive date, if other than the date of filing: |
| reco Lis f | rd 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 iled. |
| Dated | 3/15-2 Curves C. Witherstort Signature of a member or authorized representative of a member |
| | ^ |

Filing Fee: \$25.00