L21000071860

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		- Ina 121
		5/25/21

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21 APR -5 PH 4: 02

COVER LETTER

Division of Corporations
SUBJECT: Manual Hawling & Transport LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Trever Seinke Name of Person
TMZ Havling & Transport LLC Fig Company
16911 Hanna Rd Address
City/State and Zip Code
For further information concerning this matter, please call:
TVEVEY Stein Lee at (813) 943-7251 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
▼ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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 21 APR -5 PH 4: 02

(Name of the Limited Cial	of Transport LLC billity Company as it now appears on our receida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on February	11, 221 and assigned
Florida document number <u>1.21000071860</u>	,	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		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 = MS $AMBR = AS$	anager uthorized Member	21 APR -5 PM 4: 02 Address	
<u>Title</u>	<u>Name</u>	Address 21 AFR -5 PM	4: 02 Type of Action
MGR	Trevar Steinke	16911 Hanna Rd	
		Lutz, PL 33549	□ Remove
			□Change
AMBR	Maleena Jackson	16911 Hanna Rd Lutz, FL 33549	□Add
		Lutz, FL 33549	□Remove
		- ·	Change
	-		□Add
			🗆 Remove
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			□Remove

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f an eff Note:	ive date, if other the date is listed, the lift the date inserted ment's effective date	e date must be speci in this block doe	eitic and cass not me	annot be pri et the appl	licable stati	filing or more itory filing re	than 90 d equireme	_ (optiona ays after fili ents, this da	ng.) Pu	rsuant to 605.020 I not be listed a	
record d is fil	d specifies a delayed led.	d effective date,	but not a	n effective	time, at 12	2:01 a.m. on	he earlie	er of: (b)	The 90	Oth day after the	
Dated .	-March	24	·	2621 S							
		_				resentative of	member	•			
		•		VOV yped or pri							

Filing Fee: \$25.00