# Florida Department of State Division of Corporations Electronic Eiting Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YSLD TRANSPORTATION LLC

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To: +18506176383

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YSLD TRANSPORTATION LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our raited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 02/22/2021	and assigned
Florida document number L21000087715		
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 ADDRES.	<u>s)</u>	
		<b>821</b> .
Enter new mailing address, if applicable:		<u>iii s m</u>
(Mailing address MAY BE A POST OFFICE BOX)		33.5
		05 - 0
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ei</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floridu 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.

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### 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	NATHALIE BRESSLER	13216 STONE FOUNTAIN DR #301 TAMPA FL	. 336 <b>≣</b> Add
			□Remove
			Change
<del></del>			□Add
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07/15/2021	( .: D
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing of Note:  If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 illing requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.r rd is filed.	m, on the earlier of: (b) The 90th day after the
Dated	
	ander
Goandri Carrazana Ferm	
Goandri Carrazana Ferni Signature of a member of authorized representati	tive of a member