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T. MATTHEWS NOV - 4 2021

COVER LETTER

TO: Registration Sect Division of Corpo	rations		
SUBJECT:	an Valley	Transporbability Company	7
<u></u>	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Andre F	Name of Person	
		Firm/Company	
	9328 C	erulean Dr.	1pb 301
	River VIPLS Andre Los	City/State and Zip Code SOUT D GALOS o be used for future annual report notifica	COM
	cerning this matter, please ca		,
Andre La	7 _	at (<u>2-67)</u> 205 -	9233
	••••	, , , , , , , , , , , , , , , , , , ,	
Enclosed is a check for the	following amount:		
□ \$25.00 Filing 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)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Su

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10000 110	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(Name of the Lim	uited Liability Company as it now appears on our records.)
	(A Florida Limited Liability Company)
The Articles of Organization for this Limited I	Liability Company were filed on 5 7 7 and assigned
Florida document number <u>L 210601</u>	07955
This amendment is submitted to amend the fol	llowing:
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 appli	icable:
Principal office address MUST BE A STRE	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u> </u>
R If amonding the registered agent and/or	registered office address on our records, enter the name of the new registered
agent and/or the new registered agent and/or	
	1 1 - 0
Name of New Registered Agent:	AndreKoss
New Registered Office Address:	9328 CETULEON DT AP & 301 RWF WALL Enter Florida street address 33578
	Enter Florida street address 33578 LIVE VIEW Florida 33578 City 71p Code
	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

21 CCT 27 PN 1: 10 AMBR = Authorized Member Address Title Name Mar AndreRoss ____ □Remove ______Change ______ Change ___ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Add _____ □Remove ____ □Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	21 007 27 Pit 1: 10
	27 00.7 2
_	
_	
	
	
ective	date, if other than the date of filing: (optional)
	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	t's effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed	
ted .	10-23-21
	_ C C Reg /
	Signature of a member or authorized representative of a member
	had a large
	Andre Ross Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00