## L21000134615

(Re	questor's Name)	
(Ad	dress)	_
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(Cit	y/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	G EX DOV-15 TV	ansports (CC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	La Toiga L	Name of Person	
	Soure H	Firm/Company	<u> </u>
	1050 Suiv	imer (flen i)	
	winterhau	City/State and Zip Code	<u> </u>
	Shi Trans E-mail address:	DUY-15 P 1/G h U D to be used for future annual report not	· COM
For further information c	oncerning this matter, please co	all:	
/ La To Va Name o	f Person	at ( 90 9) SUS Area Code Daytin	3194 ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fcc	☐ \$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: 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 OF

Secure Hauling Expenses (Name of the Limited/Liability Come (A Florida Limited)	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>£21000139665</u>	ny were filed on 3-22-2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited list.  Secure 4kin 199 Expers 5  The new name must be distinguishable and contain the words "Limited List."	<del></del>
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 offic agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	- F 子 - F - F - F - F - F - F - F - F -
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>	Address	Type of Action
MGR	Jan Ellison	1050 Summer Glan Dr Wilterhaven, #1 33880	□Add
		Winterhover, #1 33880	Ď <b>K</b> emove
			□Change
			□Add
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. Ham	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
Note:	ive date, if other than the date of filing:  [coptional]  [coptional]
the reco	ed 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 led.
Dated	5/27/2021
	Signature of a member or authorized representative of a member
	Latoya Booker  Typed or printed name of signee
	Typed or printed name of signee