## L21000149462

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## **COVER LETTER**

TO:	Registration Section Division of Corpo			
CUDIE		is Transport, LLC		
SUBJE	L1:	Name of Limi	ted Liability Company	
The enc	losed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspond	dence concerning this matter	to the following:	
		Gwendolyn Bolden-Robins	on	
			Name of Person	
			Firm/Company	<u> </u>
		561 Fallen Timbers Dr		
			Address	
		Orange Park FL 32073		
		<del></del>	City/State and Zip Code	<del></del>
		gwendolynbolden@yahoo.c		
		E-mail address: (1	to be used for future annual report notif	ication)
For furt	her information con	ncerning this matter, please co	ıll:	
Gwe	ndolyn Bol	den-Robinson Person	at() <u>(772)</u>	342-2481 Telephone Number
		erson	Area Code Daytime	: Telephone Number
Enclose	d 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:		<u>Street Address:</u>	

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, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEITH & DELOIS TRANSPORT, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L21000149462</u>	ed on 03/31/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
Keith and Gwen Robinson Transport LCC	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
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)	
	;
<del></del>	
B. If amending the registered agent and/or registered office address (	on our records, enter the name of the new registe
agent and/or the new registered office address here:	, <u> </u>
Name of New Registered Agent:	•
Name of New Registered Agent.	× !
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	

## 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Gwendolyn D Bolden-Robinson	561 FALLEN TIMBERS DR	□Add
		ORANGE PARK, FL 32073	□Remove
			Change
MGR Keith E. F	Keith E. Robinson	561 FALLEN TIMBERS DR	□Add
		ORANGE PARK, FL 32073	□Remove
			\ \equiv Change
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Note: It	ce date, if other than the date of filing:
the record ford is file	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 d.
Dated _	June 12 2021.
	Just 1 Wolf Bolden - Rillenson Signature of a member or authorized representative of a member
	, Signature of a member of authorized representative of a member

Filing Fee: \$25.00