## L21000156819

(Req	uestor's Name)	
(Addı	ress)	
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(0)	O	
(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL MAIL
(Busi	ness Entity Nar	me)
(===	,	,
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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2021 AUG 18 PH 4: 02



July 26, 2021

LAWRENCE SPAIN 10936 KING BAY DR. BOCA RATON, FL 33498

SUBJECT: LAWRENCE SCOTT TRANSPORT LLC

Ref. Number: L21000156819

We have received your document for LAWRENCE SCOTT TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. Youmay wish to revise your document to include the name, address, and titleof such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 221A00017391

RECEIVED

## **COVER LETTER**

	ision of Cor				
SHELLCE.	Lawrence S				
SUBJECT:		Name of Lim	nited Liability Company	·	_
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Lawrence Spain			
		<u></u>	Name of Person		<del></del>
		Lawrence Scott Transport	I.LC		
			Firm/Company		
		10936 King Bay dr.			PIL 2021 AUG 18 SEGRETARY TALLARY
		<del>_</del>	Address		
		Boca Raton, FL 33498			DE 18 PE
			City/State and Zip Code		PH 4: 02
		lawspain@gmail.com			严军。
			to be used for future annual report	( notification)	m 10
For further in	iformation co	oncerning this matter, please c	all:		
Lawrence Sp	oain		561 654-114 at ( )	14	
	Name of	Person	Area Code Da	nytime Telephone Nu	mber
Enclosed is a	check for th	e following amount:			
<b>≡</b> \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Fiting Fee & Certified Copy (additional copy is enclosed)	Cert Certi	0 Filing Fee, ificate of Status & ified Copy ional copy is enclosed)
	ling Address		Street Addres Registration		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lawrence Scott Transport LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our r hability Company)	ecords.)	
The Articles of Organization for this Limited Li Plorida document number	ability Company	were filed on	and assi	gned
his amendment is submitted to amend the follo	owing:			
a. If amending name, enter the new name of	the limited liab	ility company here:		
awrence Scott Transport LLC				
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation		C."
nter new principal offices address, if applicable:		10936 King Bay dr.	2021 SEC	
Principal office address MUST BE A STREET ADDRESS)		Boca Raton, FL 33498	LUM AU	•
				**
			120 SE	<b>]</b>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			FS F	<u> </u>
			구유 유	
<ol> <li>If amending the registered agent and/or regent and/or the new registered office addres</li> </ol>		address on our records, e	enter the name of the new	regist
Name of New Registered Agent:	Lawrence Spair	n		
New Registered Office Address:	10936 King Ba	y dr.		
		Enter Florida street a	uddress	
	Boca Raton		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

Title o P	<u>Name</u>	Address	Type of Action
AMBR	Lawrence Spain	10936 King Bay dr. Boca Raton, FL 33498	
			□Remove
			□Change
Mr.	Lawrence Spain JR	10936 King Bay dr. Boca Raton, FL 33498	□Add
		<del></del>	Remove
		ALLAH ALLAH	
		ASSEE. I	
		TATE	Remove
			□ Change
			□Remove
			□ Change
		□Remove	
			☐ Change
			□Add
			□Remove
			□Chanve

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) \_ (optional) E. 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 or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated\_\_\_June 22 2021 Signature of a member of authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

Lawrence Spain