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(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

Registration Section

TO:

Division of Cor	porations ·		
	IVE TRANSPORT	A	
SUBJECT:	Name of Lim	ited Liability Company	
man land the land	A mandanana and faa(a) ara sub	mitted for filing	
The enclosed Articles of	Amendment and fee(s) are sub	united for ming.	
Please return all correspo	ondence concerning this matter	to the following:	
	THOMAS E HIGHSMITH	I	
		Name of Person	
		Firm/Company	
	819 SAINT MICHEL DRI	VE	Address State and Zip Code d for future annual report notification) 321 704-2209 at (
		Address	
	ROCKLEDGE/FLORIDA	32955	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	thomas.highsmith@att.net		
For further information c	oncerning this matter, please c		· ·
THOMAS E HIGHSMIT	гн		
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres			action
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	-
Tallaharree I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUICKDIRVE TRANSPORT	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.) iny)
The Articles of Organization for this Limited Liability Company were filed or	APRIL 09, 2021 and assigned
lorida document number L21000166339	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability compan	y here:
QUICKDRIVE PROPERTY PRESERVATION & TRANSPORT	
he 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 ADDRESS)	

Enter new mailing address, if applicable:	· ·
	29
Mailing address MAY BE A POST OFFICE BOX)	
	72
	يې
3. If amending the registered agent and/or registered office address on orgent and/or the new registered office address here:	ur records, enter the name of the new registe
gent una of the new regions on other against the	
Name of New Registered Agent:	
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 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
CEO	SHALARIE L HIGHSMITH	819 SAINT MICHEL DRIVE	
		ROCKLEDGE, FLORIDA 32955	■Remove
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Tective date, if other than the date of f	iling:		(option	al)
nn effective date is listed, the date must be specificate: If the date inserted in this block does r				
ocument's effective date on the Department	of State's records.	ouncerery ming requ		
	not an effective time.	at 12:01 a.m. on the	carlier of: (b)	The 90th day after the
record specifies a delayed effective date, but				
is filed.	2021			
is filed.	2021			
is filed.	2021			
ated	2021			

Filing Fee: \$25.00