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SECRETARY OF SECTION 3: 07

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Florida Boys Reliable Transport
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maycus Watson
Florida Boys Beliable Transport
5350 Sharon Ter
Jackson ville, FL 32204
Florida bous from Sport @ Gmail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marcus Watson at (904) (654 5990)  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

<u>(</u>	(A Florida Limited Liability	Company)	<del>LESTAN</del> GGEE. FE	f 5.4"
The Articles of Organization for this Limited Li. Florida document number 120002036 This amendment is submitted to amend the following the submitted to amend the submitted the submitted to amend the submitted the submi	058	iled on <u>May</u>	03, 2021	and assigned
A. If amending name, enter the new name of	the limited liability co	mpany here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Com	pany," the designation	on "L.L.C" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applica	ıble:	A//	4 5350 S/	won Tex
(Principal office address MUST BE A STREE)	T ADDRESS)	4/14	Jacksonville	le FL 32207
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	30X)	<u>5</u>	350 Sharon acksonville, Fi	1er. 1 32207
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address s here:	on our records,	enter the name of	the new registered
Name of New Registered Agent:	Marcus	Watsox	7	
New Registered Office Address:	5350 Sh	SON Ter	t address	
	Sacksonville		Florida 32	207

City

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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

Zip Code

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>		Type of Action
MGR	Darryl E. Williams	5854 Gilchrist Road	□Add
		5854 Gilchrist Road Jacksonville, FL 32214	_ BRemove
			_ 🗆 Change
			_ 🗆 Add
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Toot	ive date, if other than the date of filing: (optional)
an eff	ective 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 (
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ent's effective date on the Department of State's records.
, C (1111	em a cricetive date on the Department of State 8 feedius.
wear	d 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
is fil	ed.
ated	September 17 2021, 11:32 pm.
•	
	Signature of a member or authorized representative of a member
	Marcus Watson
	Typed or printed name of signee