Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

 Address:		
NAME OCC:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OMAR'S TRANSPORT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Omar's Transport LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>05/05/21</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
NEZUCHO Transport LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility 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)		D (6)
		25. 25.
		AUG F
Enter new mailing address, if applicable:		- 1
(Mailing address MAY BE A POST OFFICE BOX)	-	
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addres:	T
	, Flo	orida
	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
			□Add
			Remove
			□Change
			□Add
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an effective date is listed, the date must be spe Sote: If the date inserted in this block do	es not meet the applicable	date of filing or more than le statutory filing requir	ements, this date will i	not be listed a
locument's effective date on the Departm	ent of State's records.			
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record specifies a delayed effective date.	but not an effective time	e. at 12:01 a.m. on the e	arlier of: (h) The 90:	h day a the
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Filing Fee: \$25.00