## 121000 229837

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE FEB - 1 2022	
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FILED

2022 JAN 28 PM 12: 50

SECRETARY OF SECTION



### RECEIVED

2022 JAN 28 AM 8: 57

# FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FL

Letter Number: 522A00001341

January 18, 2022

MERVIN MORRIS 6106 NW PAINTED BUNTING CT PORT SAINT LUCIE, FL 34986 US

SUBJECT: UNITED PRO FREIGHT TRANSPORT LLC

Ref. Number: L21000229837

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

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) 245-6050.

Jasmine N Horne Regulatory Specialist II

#### **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: <u>Voi</u>	Hed PRO Freigh	nt Transport ited Liability Company	uc
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mecuin	Moms Name of Person	
	United Pro Frei	ght Transport Firm/Company	uc
	6/06 MM 80	inted buryting	CT
	Port Saint	Wede F4 3 City/State and Zip Code	4986
		s hotmail. com	) fication)
For further information of	concerning this matter, please co		
Mervin Name o	Morris of Person	at ( <mark>754</mark> ) <u>304 –</u> Area Code Daytim	754/ e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Se Division of Cor	porations
P.O. Box 632	27	The Centre of T	fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2022 JAN 28 PH 12: 50

United Pro Freight Transport (Name of the Limited Liability Compa	1Spot LL	SECRETARY OF STATE ON OUR records.)	;
(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100022983.7</u>	were filed on	5	1
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	;	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADDRESS)			
Catana and a street and a second scale and the seco			
Enter new mailing address, if applicable:		- · · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name of the new reg</u> i	<u>istered</u>
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
N. B. Carlotte and A. Carlotte	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	y duties, and I am familiar with and apter 605, F.S. Or, if this document	d

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mervin Morris	6106 NW Painted Buntine	_ [SAdd
		CT, Port Saint Lucie, FL 34986	□Remove
			□Add
			□Remove
		<del></del>	□Change
<del></del>	<del></del>		□Add
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n effective <u>)te:</u> If the		date must be sp 1 this block do	ecific and can oes not meet	the applicabl		nore than 90 day		Pursuant to 605.020 vill not be listed a
ecord spec is filed.				ffective time	, at 12:01 a.m.	on the earlier	of: (b) The	90th day after the
ted	>1  24   2	022 /			i 1			
			//					
		Signar	ture of a mem	ber or authoriz	ed representativ	e of a member		

Filing Fee: \$25.00