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Office Use Only



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## COVER LETTER

TO:

TO: Registration Se Division of Co			
CWT Tran	- <del>-</del> -		
SUBJECT:	Name of Lin	nited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher W Taylor		
		Name of Person	
	CWT Transport LLC		
	<del></del>	Firm/Company	
	1112 Leone Dr		
		Address	
	Haines City FL, 33844		
		City/State and Zip Code	
	cwttransport/@yahoo.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information o	concerning this matter, please c	all;	
Christopher Taylor		863 207-0710 at ()	
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is cachesed)
Mailing Address Registration		Street Address: Registration Se	ection
Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TV SIGN F STREET FOR THE

**CWT Transport LLC** 

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 05/20/2021	and assigned
Florida document number L21000234772		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, enter t	he name of the new registered
agent and/or the new registered office address here:	address on our records, enter t	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	, Flor	rida
	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 21 AUS -2 PH | Type of Action **Title** <u>Name</u> **Address** 1112 Leone Dr. Haines City, FL. 33844 MGR Christopher W Taylor ■Add AMBR Christopher W. Taylor 1112 □Change  $\square$ Add □Remove ☐ Change \_\_\_\_\_ □ Add □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove □Change □Add □ Remove \_\_\_\_\_ □Change

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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannote:  If the date inserted in this block does not meet thument's effective date on the Department of State's	applicable statutory filing req	nan 90 days after	r Iiling.) Pursu		
cord specifies a delayed effective date, but not an eff s filed.	ctive time, at 12:01 a.m. on th	ne earlier of: (b	) The 90th	day a	fter the
ed July, 27 202					
11/-					
Signaturi of a wanta	or authorized propropriative of a	member	<del></del>		
Signature of autombe	or authorized representative of a	member			