121000254215

-014 **25.00

(Requestor's Name)	
(Address)	
(Address)	900370076319
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	07/18/2101011·-014 **25
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	÷
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COVER LETTER

Division of Corporations	
SUBJECT: BIGIACE TRACE Name of Lie	Sportation LLC mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Jahma	Name of Person
Big Fac	E Transportation LLC
7539	Windence Cox+
121046100,1	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please	call:
Tahmal Brown	at (ACL) 300 - 700 - Number Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.
Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
1.O. DOX 0321	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Elability Compa	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12100354315	were filed on $5 34 3031$ and assigned
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 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)	Jacksonville FL 3224
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7539 Win Dance Court Jacksonville Fr. 3024
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	nmal Brown
New Registered Office Address: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Enter Florida street address
Tockson	City Florida 37244 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 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
7MBIS	Jahmal Brown		<u>C</u> XAdd
		CUSIF. Jacksonville FL. 32244	□Remove
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effecti <u>e:</u> If t	date, if other than the date of filing:	5.020 ed a
cord s _l s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
ed	7-4-2021 <u>3021</u>	
	\mathcal{L}	
	Signature of a member or authorized representative of a member	