## 121000278606

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### COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: AM	P TRANSPOI	RT LLC ited 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:	
	Alan	Name of Person	
	AMP TRA	NSPORT LLC.	
	1093 Dorches	Her St Port Char	lotte fl
	_=	33952. City/State and Zip Code	
	amptransoo E-mail address: (1	(+ I/C 2 Cgmail, to be used for future Innual report noti	Corri
For further information e	oncerning this matter, please ca	all:	
Alan Name o	Phillips f Person	at ( <u>239</u> ) <u>302</u> Area Code Daytim	0522. e Telephone Number
Enclosed is a check for the	ne 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 enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

AMP TRANSPORT 21 AUG 15 PM 1: 12

(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 00-15-2021. and assigned Florida document number <u>L21</u>000278606. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

### 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 = Ma AMBR = Au	nager thorized Member	- 1.12	
<u>Title</u>	<u>Name</u>	Address 21 AUG 15 PM 1: 12	Type of Action
MGR	Kelsey Phillips	1093 Dorchester St.	XAdd
		Port Charlotte FL 3395	2 □Remove
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fective date, if other the neffective date is listed, the ote: If the date inserted is cument's effective date of	date must be specific n this block does no	and cannot be prior to t meet the applica			ling.) Pursuant to 605,0207
ecord specifies a delayed is filed.	effective date, but	not an effective tir	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
ted August	12	3021			
		Ch	rized representative o		
	Signature o	i a member or auum	ngea representative o	i a member	