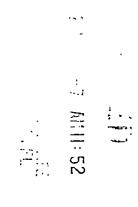
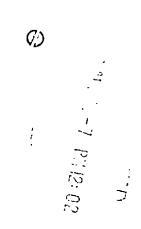


(1	Requestor's Name)	
(.	Address)	
(.	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer.	









Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/06/2021		<i>⇔WALK</i> I	N **
ENTITY NAME Nauvoo	LLC		
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTACHED AND RETURN		
xxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & Amendments Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINATI	TON		
NUMBER OF CERTIFICAT	TES REQUESTED	.	
TOTAL OWED \$25.00	ACCOUNT #: 12016000007	'2	
Please call Tina at th	e above number for any issues or concerns. Thank you s	o much!	

COVER LETTER

TO: Registration Division of C			
SUBJECT:		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Daniel Reyes		
		Name of Person	
	ZenBusiness INC.		
		Firm/Company	
	Division of Corporations Nauvoo LLC		
		Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: ied Reyes Name of Person Business INC. Firm/Company I Parkerest Dr. Suite 207 Address tin, TX 78731 City/State and Zip Code Iment@zenbusiness.com E-mail address: (to be used for future annual report notification) ing this matter, please call: at (512 at (Area Code) Daytime Telephone Number ving amount: 30.00 Filing Fee & Certificat Copy (additional copy is enclosed) Street Address:	
	Austin, TX 78731		
	fulfillment@zenbusiness.co	•	
	<u>-</u>		cation)
For further information	concerning this matter, please c	all:	
Daniel Reyes			
Name	e of Person	Area Code Daytine	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		\ <u></u>	tion

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

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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

Nauvoo LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record i Limited Liability Company)	5.1
The Articles of Organization for this Limited Liability C	Company were filed on 07/01/2021	and assigned
Florida document number L21000302559	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Another One Transportation LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	_
The state of the s		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		:
		7:)
B. If amending the registered agent and/or registered	d office address on our records, <u>enter</u>	the name of the new registere
agent and/or the new registered office address here:		rei ro
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	Fl	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

Page 2 of 3

						
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fective date, if other than the date in effective date is listed, the date must be stee. If the date inserted in this block cument's effective date on the Department.	e specific and eann c does not meet t	he applicable st	of filing or more that	opti nan 90 days after quirements, thi	filing.) Pursuant	to 605.0207 be listed as
record specifies a delayed e The 90th day after the recor		but not an e	effective time	e, at 12:01 a	a.m. on the	earlier o
ted	20	 ·				
	Cruc	c Jor	ies			
Si	gnature of a memb	er or authorized r	epresentative of a	member	-	
		Eric Jone				

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Filing Fee: \$25.00