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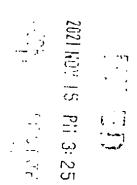
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A. BUILER
DEC - 2 2021

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: DAR	ealmckoyTran Name of Limi	SPORT LLC	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
		Name of Person	
	DARealmck	LOYTRANSPORT. LI	L-C
	2950 HAC	Per Street Address	
	Deltona Paymond E-mail address: (1	FL 32738 City/State and Zip Code Mckoy 28 @G o be used for fature annual report noti	mail-com
For further information c	oncerning this matter, please ca	ail:	· 4229 e Telephone Number
Enclosed is a check for the	ne following amount:		
经 \$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

DAReal Mcko y Transport. Light 1971 (Name of the Limited Lightlifty Company as it now appears on our records)	15 Du 0 00
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	13 111 31 2 6
The Articles of Organization for this Limited Liability Company were filed on Daked Mckoy	Transpand assigned
Florida document number <u>L2\000308545</u>	
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 t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	

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

______. Florida ________ Zin Code

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 Address **Type of Action** <u>Title</u> **Name** Stephen Curtis MBR _____ □ Add 238.59 148 Dr Rosedale N-y BRemove _____ Remove _____ Change

_____ □Remove _____ □Change ☐ Change □Remove _____ Change

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(If an o	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d 12-01-21
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

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