

121 000316132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

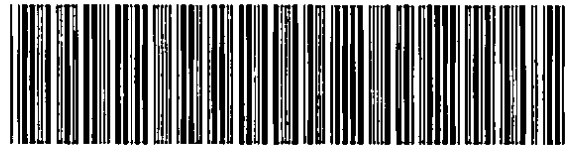
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SECRETARY OF STATE
TALLAHASSEE, FL.

2021 NOV 29 AM 7:57

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ENVISION TRANSPORT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DARREL J BLANC

Name of Person

ENVISION TRANSPORT LLC

Firm/Company

304 N KENTUCKY AVENUE, UNIT 1240

Address

LAKELAND, FL 33801

City/State and Zip Code

darrelblanc1997@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARREL J BLANC

754

301-1052

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the 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

FILED
2021 NOV 29 AM 7:57

ENVISION TRANSPORT LLC

SECRETARY OF STATE

(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 JULY 12, 2021 and assigned
Florida document number 1.21000316132.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

304 N KENTUCKY AVENUE

UNIT 1240

LAKELAND, FL 33801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

304 N KENTUCKY AVENUE

UNIT 1240

LAKELAND, FL 33801

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:

N/A

New Registered Office Address:

304 N KENTUCKY AVENUE, UNIT 1240

Enter Florida street address

LAKELAND

City

Florida 33801

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 all 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 add or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DARREL J BLANC	2800 NW 39TH WAY APT 102	<input type="checkbox"/> Add
		LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DARREL J BLANC	304 N KENTUCKY AVENUE, UNIT 1240	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	QUNAJAH ASHANTI BLANC	304 N KENTUCKY AVENUE, UNIT 1240	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 25 2021

D. Rose

Signature of a member or authorized representative of a member

DARREL J BLANC

Typed or printed name of signee