

L21000325756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

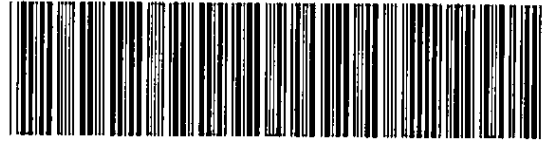
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

CS
8/16/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUE ANGER TRANSPORTATION 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:

CECIL L. DOWNING
Name of Person

Firm/Company

PO BOX 77266
Address

JACKSONVILLE, FL 32226
City/State and Zip Code

OldTimeSchool73@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

CECIL L. DOWNING 850 2811348
Name of Person at () Daytime Telephone Number
Area Code

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**

BLUE ANGEL TRANSPORTATION LLC

(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 07/16/2021 and assigned Florida document number L21000325756.

This amendment is submitted to amend the following:

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

BLUE ANGEL TRANSPORTATION LLC

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:

150 Busch Dr. #77266

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32218

Enter new mailing address, if applicable:

PO BOX 77266

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE, FL 32226

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:

CECIL L. DOWNING

New Registered Office Address:

150 Busch Dr. #77266

Enter Florida street address

Jacksonville

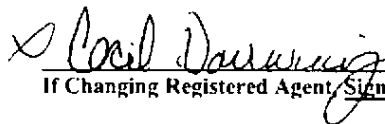
, Florida 32218

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.



Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
CEO	CECIL L. DOWNING	150 Busch Dr. #77266	<input type="checkbox"/> Add
		Jacksonville, FL 32218	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DARLENE A. DOWNING	150 Busch Dr. #77266	<input type="checkbox"/> Add
		Jacksonville, FL 32218	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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