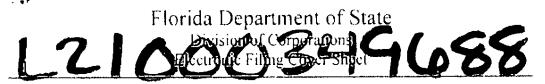
7/20/22, 9:30 AM

Division of Corporations



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Fax Number : (850)617-6383

From:

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JUL 21 2022

K. Brumbley

COVER LETTER

	ation Sec 1 of Corp	tion perations		
AN	CHENT (CITY TRANSPORT LLC		
SUBJECT: Name of Limited Liability Company				
The enclosed Art	icles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all	correspoi	ndence concerning this matter (to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		richardelam@mail.com	o be used for finine annual report i	natification)
For further infor	nation co	neerning this matter, please ca		(All Sales II)
Cheyenne Mose			800 773-0888	
	Name of	Person	at ()	time Telephone Number
Enclosed is a cho	ek for th	e following amount:		
		☐ \$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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations x 6327 ssee, FL 32314	STREET/COU Registration Set Division of Cor Clitton Building 2661 Executive	porations g

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ANCIENT CITY TRANSPORT LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L21000349688</u>	Company were filed on 08/03/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Ancient City Logistics and Consulting, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		2022
(Principal office address MUST BE A STREET ADDR	(ESS)	<u>- ≦</u> :
Enter new mailing address, if applicable:		FILES AH
(Mailing address MAY BE A POST OFFICE BOX)		 ::
B. If amending the registered agent and/or regis registered agent and/or the new registered office addi		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	EnterFloridustreetaddress	
	F: 11	
	, Florida	ZipCode
New Posistered Agent's Signature if changing Registered	•	

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, enter the title, name, and address of each person being added or removed from our records:

LegalZoom.com, Inc.

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			_ □ Remove
			☐ Change
			□ Add
			☐ Remove
			Add
		****	☐ Remove
			Change
			Add
			□ Remove
			Change

To:

Page 3 of 3

Signature of a member or authorized representative of a member

Typed or printed name of signee

Richard E Elam

Filing Fcc: \$25.00