121000356388

Melcon Hall JR
Millon Hall JR (Requestor's Name) 4308 Panther LN. Apt #06 (Addréss)
(Address) FL MYE/S, FL 33919 (City/State/Zip/Phone #)
/ (City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200377070882

11/29/21--01023--022 **25.00

2022 FEB -9 AM 8: 10

5 BRUCE

December 11, 2021

MALCOM HALL, JR. 6308 PANTHER LN, APT #06 FT MYERS, FL 33919

SUBJECT: TOPEND TRANSPORTS LLC

Ref. Number: L21000356388

We have received your document for TOPEND TRANSPORTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 121A0002988313



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on imited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Cor Florida document number <u>L21000356338</u>	mpany were filed on <u>Au q</u> 	9,7021	and assig	ned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company here:	į			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desig	nation "LLC" or the abbrev	iation "L.L.	C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	ESS)	<u>ن</u> .	2072		
Enter new mailing address, if applicable:		25 25 27 21 21	FIES -9 AM		
(Mailing address MAY BE A POST OFFICE BOX)		75. de			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, enter the name of	the new	registered	
Name of New Registered Agent:				.	
New Registered Office Address:	Enter Florida	street address	· - ·		
		, Florida			
	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 amend Nathorized 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 **Type of Action** <u>Address</u> **Name Title** 6368 parther In Apt Do Fortingers FL 33919 Malcon Hal □Remove \square Add □Remove $\square Add$ □Remove ☐ Change $\square \Lambda dd$ □Remove □ Change $\square Add$ □ Remove

□Change

		
		
	20	
	2022F	4 -24
	<u> </u>	
	50	
		<u>-</u>
	<u> </u>	<i>⊶</i>
ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of e: If the date inserted in this block does not meet the applicable stat	f filing or more than 90 days after filing.) Pursuant (to 605.020 se listed a
ument's effective date on the Department of State's records.	, , ,	•
gord anguities a delegaed offersing data but not an effective time at 1	2.01 · ··· · · · · · · · · · · · · · · · ·	
cord specifies a delayed effective date, but not an effective time, at 1. s filed.	2:01 a.m. on the earlier of: (b) The 90th day	y after the
ed		
Signature of a incomper or authorized rep Mal Com +/a // Typed or printed name of		