(F	Requestor's Name)
(F	Address)
(<i>F</i>	Address) ,
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIŁ
(E	Business Entity Name)
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COVER LETTER

	ion of Cor			
SIDELV <i>C</i> T:	ANDY FO	X TRANSPORTATION LLC		
		Name of Lim	ited Liability Company	
The enclosed a	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return :	ill correspo	ondence concerning this matter	to the following:	
		ROSI ALVES		
			Name of Person	
		TRUST SOLUTION TAX	& BOOKKEEPING LLC	
			Firm/Company	
		7031 GRAND NATIONA	L DR SUITE 111	
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
		ROSI@TRUSTSOLUTION		
For further inf	ormation c	E-mail address: (oncerning this matter, please co	to be used for future annual report n all:	otification)
ROSLALVES			407 705-9147	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a c	check for th	ne following amount:		
■ \$25.00 Fit	ling 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)
	ing Addres istration S		<u>Street Address:</u> Registration S	
_		orporations	Division of C	
	Box 632		The Centre of	
Talla	anassee, l	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDY FOX TRANSPORTATION						
(Name of the Limit	ted Liability Com (A Florida Limite	pany as it now appears o d Liability Company)	n our records.)			
The Articles of Organization for this Limited 1.	iability Compar	ny were filed on 09/21/	(2021		and as:	signed
Florida document number 1.21000416652	· · · · · · · · · · · · · · · · · · ·					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited lia	ability company here:	:			
ANDY FOX TRANSPORTATION & SERVICES	LLC					
The new name must be distinguishable and contain the w	vords "Limited Lia	bility Company," the desig	nation "LLC" or the	abbrevia	ation "l.	.L.C."
Enter new principal offices address, if applic	able:	N/A				
(Principal office address MUST BE A STREE	TADDRESS)		_	ुरुन	202	
				<u>125</u>	7024 HA	-
				· <u>·</u>	A	
Enter new mailing address, if applicable:		N/A			5	i
(Mailing address MAY BE A POST OFFICE	ROX_{i}		(//C	PH	117
	<u> </u>			ਜ਼ _{ਹਨ} ਸਵਾਂ	ယ့	
				TE TE	£	
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office ss here:	e address on our reco	rds, <u>enter the nai</u>	me of t	the nev	<u>v register</u>
Name of New Registered Agent:	N/A					
New Registered Office Address:						
		Enter Florida .	street address		_	
			, Florida			
		City		Zi,	p 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 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>	Name	Address	Type of Action
N/A	N/A	N/A	□Adđ
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
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			□Remove
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			□Remove
			□Remove
			□ Changa

6: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ament's effective date on the Department of State's records. Ford 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 filed.	N/A				
					
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filed. ed MAY 2	mene s criccitye date on the f.	repartment of State's re-	coras.		
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<u>IR</u>	filed.				
Anderson Repose 04 Facus (No. 6,27)4 (1921) FOT Signature of a member or authorized representative of a member	filed.	2024	·		
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Filing Fee: \$25.00