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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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T. MATTHEWS
DEC 15 2021

COVER LETTER

TO: Registration S Division of Co			
	Transportation LLC	•	·
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Takeacea Mitchell		
		Name of Person	
		Firm/Company	<u> </u>
	P O Box 772102		
		Address	
	Coral Springs, Fl 33077		
		City/State and Zip Code	
	LTQuicktransportation@gn E-mail address: (nail.com to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Takeacea Mitchell		954 871-9376 at ()	
Name	of Person	Area Code Daytime Telephone	Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50.00 Filing Fcc, Certificate of Status & Certified Copy additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address: Registration Section	
Division of	Corporations	Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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LT Quick 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 Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida Zip Code
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 21 0=0 -6 PH 3: 35	Type of Action
MGR	Takcacea Mitchell	P O Box 772102 Coral Springs, Fl 33077	■ Add
			□Remove
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			□Remove
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	<u> </u>
	21 DEC -5 PH 3: 35
-	
	
ffective date, if other than the dat	te of filing: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
lote: If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Depar	tment of State's records.
record specifies a delayed effective da Lis filed.	ite, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
1 is med.	
October 4	2021
ated	
Notan Do	nature of a member or authorized representative of a member
O 1 Sign	hature of a member or authorized representative of a member