121000444686

(Requestor's Name)
(Address)
(Address)
(11111111111111111111111111111111111111
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Excument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600376888886

11/24/21--01024--027 **25.00

21 NG: 24 PN 3: 37

T. MATTHEWS DEC - 9 2021

COVER LETTER

TO: Registration S Division of Co			
subject: Zam	or and Sons Name of Lir	TransPort LLC mited Liability Company	,
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence	ondence concerning this matte	r to the following:	
	Darline D	Zomor Name of Person	
	Zamor and	Sens transport	LIC
	8107 AXSC	Address	
	Jacksonvil	1e FL 32221 CityState and Zip Code	
		to be used for future annual report not	
For further information c	oncerning this matter, please c	eall:	
Darfine Name o	2amor Person	at (<u>904</u>) <u>405</u> Area Code Daytin	6175 ne Telephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Address</u> Registration S		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ... OF

Zamor and Sons trans Part Lile

(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 w Florida document number 121000 444686	ere filed on 10/12/	2021 and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>e</u>	nter the name of the new	register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	ddress	
		Florida	
Num Desirated Asset St.	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 added or removed from our records:

MGR = Manager

AMBR = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address 21 FG! 24 FM 3: 37	Type of Action
AMBR	Robert Collot	6242 Graves St	□Add
		Jacksonville, FL 32210	Kemove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

				• •	61 3:37	
	·			21 !	FL FI 3: 37	
			, <u> </u>			
	<u>-</u>	-				
			· · ·	-		
						-
	·-				<u> </u>	
		<u> </u>				
			<u> </u>		<u></u>	
						_
	· _ ·			<u> </u>		
				_		
			-	-		
	<u></u>	 <u></u>				
			· ·			
		_				
'antina			·· 10/17	10-71		
ective (reffectiv	e date is listed, the da	i n the date of III ate must be specific	ling: 10/12 and cannot be prior to	date of filing or more	(option	al) ing.) Pursuant to 605.03
<u>te:</u> II tr	ie date inserted in i	this block does no	ot meet the applical	ole statutory filing re	equirements, this d	ate will not be listed
ument	s effective date on	the Department of	of State's records.			
cord sp s filed.	ecifies a delayed e	ffective date, but i	not an effective tim	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after to
s med.						
_	10 1 - 1	•	2 21			
ed	10/21		a member or authori	_ •		
	7/	2				
	Julius	LawDP Signature of	a member or authori	zed representative of a	member	
				sea representative of a	a memori	