

121000449373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

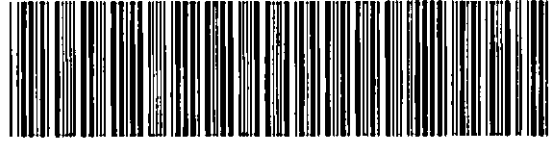
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10/25/21--01015--008 **25.00

2021 OCT 25 PM 6:15
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASSFLO TRANSPORT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OMAR LOPEZ
Name of Person

MASSFLO TRANSPORT LLC
Firm/Company

2705 CRESTFIELD DR
Address

VALRICO, FL 33596
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW VULPIS at (813) 727-0027
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
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2021 OCT 25 PM 6:15

MASSFLO TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
DAVID ANASSE

The Articles of Organization for this Limited Liability Company were filed on 10/14/2021 and assigned Florida document number L21000449373.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MASSFLO TRANSPORT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2705 CRESTFIELD DR

(Principal office address MUST BE A STREET ADDRESS)

VALRICO, FL 33596

Enter new mailing address, if applicable:

2705 CRESTFIELD DR

(Mailing address MAY BE A POST OFFICE BOX)

VALRICO, FL 33596

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MY SERVICES

New Registered Office Address: 2944 S FLORIDA AVE

Enter Florida street address

LAKELAND


City

Florida 33803

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OMAR LOPEZ	2705 CRESTFIELD DR	<input type="checkbox"/> Add
		VALRICO, FL 33596	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OMAR LOPEZ	2705 CRESTFIELD DR	<input checked="" type="checkbox"/> Add
		VALRICO, FL 33596	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE ONLY CHANGE IS WE SET THIS UP WITH OMAR AS MGR AND WE WERE SUPPOSED TO SET
IT UP AS AMBR. IN ADDITION UPDATING THE REGISTERED AGENT.

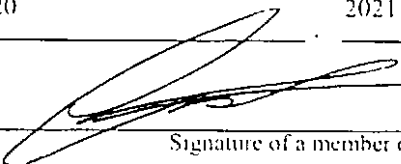
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 20 _____, 2021



Signature of a member or authorized representative of a member

MY SERVICES, ANDREW VULPIS

Typed or printed name of signee