## 84444 2000 169

(	Requestor's Name)
	Address)
	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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C. BRUMBLEY FEB 1 4 2022

## **COVER LETTER**

Division of Corpor	ations		
SUBJECT:	Name of Limite	Transport &	Service Plus L
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	- Claus	Name of Person	* * * * * * * * * * * * * * * * * * *
		Firm/Company	
	8321 Pin	es blid.	<del></del>
	Pembrok	e Pines FL 33	.024
	Phone E-mail address (1)	Address  Pines FL 33  City/State and Zip Code  12003930 Gn  be used for future annual report notific	12i1. CO M
For further information con	cerning this matter, please ca		
-		at ( <u>S61)</u> <u>880</u> Area Code Daytime	- 7156_ Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co	ection rporations	Street Address: Registration Sectorision of Corp The Centre of Ta	orations
P.O. Box 6327 Tallahassee, Fl			Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)  inability Company)	1715 CC
The Articles of Organization for this Limited Liability Company	were filed on 10 33 31	and assigned
Florida document number <u>2 21000 46 99 48</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.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)		FIL. F. [ 2022 F 8 B 1   4 PH
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	
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	<u>t:</u>	

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>	Address	Type of Action
AMBR	CLAUDE G 201	P-0-box 246597	(DAdd
	9	Po-box 246597 Pembroke Pines P	□Remove
		33024	□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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i amending	any other informa	ion, enter ena	inge(3) neres	(1111101)			
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Note: If the	te, if other than the ate is listed, the date mudate inserted in this be ffective date on the I	lock does not m	icet the applica	to date of filing o able statutory fi	r more than 90 ling requiren	. (optional) days after filing.) nents, this date	Pursuant to 605.020 will not be listed as
record spec d is filed.	ifies a delayed effecti	ve date, but not	an effective ti	me, at 12:01 a.:	nı. on the ear	lier of: (b) The	e 90th day after the
Dated	2/14/90	-7/b	-Uf				
-		Signature of a r	nember or autho	orized representa	tive of a memb	oer	
		/	1				

Filing Fee: \$25.00