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2022 MAR II PH 4: 49
SECRE REAL SEC STATE

of 3/21/2027

COVER LETTER

	Registration Se Division of Cor			
ena neze	Oh! Murph	ny Transport LLC		
SUBJEC	Г:	Name of Lin	nited Liability Company	- AB-11 -
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	urn all correspo	ondence concerning this matter	to the following:	
		Louis R Murphy II		
			Name of Person	
		Oh! Murphy Transport LL	.C	
		- · · ·	Firm/Company	
		5110 Lakeland Highlands	rd.	
			Address	
		Lakeland, Florida 33813		
			City/State and Zip Code	
		Ohmurphytransport@gmai		
		E-mail address. (to be used for future annual report no	tification)
For further	r information c	oncerning this matter, please c	all:	
Louis R N	Jurphy II		863 279-9604	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed i	is a check for th	he following amount:		
□ \$25.0d	0 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)
	lailing Addres		Street Address:	
	Registration S Division of C		Registration Section of Co	
	O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Oh! Murphy Tansport LLC			2022 MAR 11	P# 1. 1.c
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on	our records.)	SECONOMIA	111 4-45
		-0-:	SECRETARY TALLAHAS	OF STATE
The Articles of Organization for this Limited Liability Company w	ere filed on $\frac{11-12}{}$	2021	and assigned	ore, FE
Florida document number 1.21000488603				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	tv company here:			
Oh! Murphy Transport LLC				
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	nation "LLC" or the a	bbreviation "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)				
		.		
B. If amending the registered agent and/or registered office ad	dress on our reco	ds, enter the nan	ne of the new regi	stered
agent and/or the new registered office address here:				<u></u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida s	treet address		
		, Florida	Zıp Code	
	Cny		Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my ovided for in Chap	duties, and I am oter 605, F.S. Or,	familiar with and if this document	

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
			□Add
			Петоvе
			□Change
			🗀 Add
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ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department.	does not meet the applic	able statutory filing re		rsuant to 605 02 I not be listed
ord specifies a delayed effective d filed	ate, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The 90	Oth day after th
ed	2022	·		
	Louis RM	A.		
e:,		orized representative of a		

Filing Fee: \$25.00