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	(Requestor's Name)	
	(Address)	
•	(Address)	
	(Crty/State/Zip/Phone #)	
	 1	—
PICK-UP	TIAW	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of \$	Status
		
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Soll Transport	y + CC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Jale</u>	SCI FLIDEY Name of Person	
		Firm/Company	
	1107 Wheth	erbine luby W	•
	Jailamsse	City/State and Zip Code	
	SOLT TONSON:	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jaicsa	Fuller	at (<u>BS)</u> 428- Area Code Daytine	2965
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
125.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

SOLTraps	port CC	***
(Name of the Limited I (A I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on Nov. 24, 2	2 and assigned
Florida document number <u>221000 500%</u>	15_	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words		
		the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
		~ 3
		022
B. If amending the registered agent and/or regist	tered office address on our records, enter the	name of the new registered
agent and/or the new registered office address he	ere:	·
		and the second
Name of New Registered Agent:		AH O:
New Besieve 1000 All		S 0:
New Registered Office Address:	Enter Florida street address	- 5 0 0 -
		r 1
-	, Florida	Zıp Code
		Lip Conc

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = V $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
1.71			□Add
			□Remove
			□Change
.			□Add
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Note: If the	e date inserted in	an the date of filate must be specific this block does not the Department of	ot meet the app!	licable statutory	or more than 90 day filing requiremen	(optional) rs after filing.) Pursu ts, this date will n	ant to 605.0207 (3) ot be listed as the
the record spectord is filed.	cifies a delayed e	ffective date, but	not an effective	time, at 12:01 a	m. on the earlier	of: (b) The 90th	day after the
Dated	1/31		. 202	2.			
		Signature o	t amember or au	horized representa	tive of a member		

Filing Fee: \$25.00