121000 503277

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | 0 | |
| marke | toxu | |
| 2 | Office Use Onl | v |



100385970261

04/19/22--01011--006 **55.00

2022 JUL 27 PM 4: 48

Lowe Crand

AUG 19 2017 DICUSHING

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|--|
| SUBJECT: | evine Fam. Name of Limi | 114 TYANSPO | rt LLC |
| The enclosed Articles of A | amendment and fee(s) are subr | mitted for filing. | |
| Please return all correspon | idence concerning this matter t | o the following: | |
| | Todd | BYDWY Name of Person | |
| | Divine 3 | Firm/Company ransp | port UC |
| | 15503 Co | ynor Ash Lani | 2022 JUL 27 |
| | Buskin/ | FL 33573 | 27 |
| | E-mail address: (t | City/State and Zip Code amy Tyun Spot o be used for future annual report notifie | Megnal com. |
| For further information co | oncerning this matter, please ca | dl: | |
| TO CO Name of | Brown | at (<u>813</u>) <u>441 -</u> Area Code Daytime | 2470 Telephone Number |
| Enclosed is a check for the | e 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



RECEIVED

2022 JUL 27 PM 12: 02

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2022

TODD L BROWN DEVINE FAMILY TRANSPORT LLC 15503 CAYNOR ASH LANE RUSKIN, FL 33573

SUBJECT: DEVINE FAMILY TRANSPORT LLC

Ref. Number: L21000503277

We have received your document for DEVINE FAMILY TRANSPORT LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 422A00013208

Diane Cushing Senior Section Administrator

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Devine Famil | ly Transpor | + UC BE |
|---|--|--|
| (<u>Name of the Limited Liabil</u> (A Florid | lity/Company as it now appears on la Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liability Of Florida document number <u>L21000 50327</u> | | 24 2021 and assigned 3 |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim The new name must be distinguishable and contain the words "Lin | Transport | nation "LI.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> | |
| (Principal office address MUST BE A STREET ADD) | RESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our reco | rds, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida s | dent of the con- |
| | Enter Florida s | |
| | City | , Florida 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> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| | | | |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | Remove |
| | | | Change |
| | | •••• | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | - | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |

| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--------------------------|--|
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| lf an ei <u>Note:</u> | ive date, if other than the date of filing: |
| e reco ord is f | rd 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 led. |
| Dated | July 17 2022. |
| | Senature of a member or authorized representative of a member |
| | |