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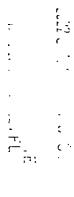
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	RANSPORTATION LLC		
SUBJECT:	Name of Lin	ited Liability Company	
•			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kevin Brown		
		Name of Person	
		Firm/Company	
	1444 Alden Road Suite 30	3	
		Address	
	Orlando FL 32803		
		City/State and Zip Code	
	kev23brown@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
Kevin Brown		267 847-7115 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	ation
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	="

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIDGE TRANSPORTATION LLC		بالمالي الم	· · · · · ·
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our re- limited Liability Company)	cords.)	
, , , , , , , , , , , , , , , , , , ,	zinates izinativy company		.2, +1
The Articles of Organization for this Limited Liability Cor	mpany were filed on 12/30/2021		and assigned
Florida document number L22000008210	<u>.</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>er</u>	iter the na	me of the new register
Name of New Registered Agent:			
-	-		
New Registered Office Address:	Enter Florida street ac	ldress	
	Line I an am menter a	tter C.J.7	
	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>	<u>Address</u>	Type of Action
MGR	Kevin Brown	1444 Alden Road Suite 303 Orlando FL 32803	≘ Add
ı			□Remove
			🗆 Change
•			□Add
			□Remove
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f other than the date of f s listed, the date must be specifi inserted in this block does	filling: 12/31/2021 Ic and cannot be prior to date of not meet the applicable stat	(opt filling or more than 90 days afte utory filling requirements, th	ional) er filing.) Pursuant to 605.0207 (3)(is date will not be listed as the
i i: e	if other than the date of f is listed, the date must be specifi e inserted in this block does i	if other than the date of filing: is listed, the date must be specific and cannot be prior to date of the date of	if other than the date of filing: [Opt is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte e inserted in this block does not meet the applicable statutory filing requirements, the tive date on the Department of State's records.

Filing Fee: \$25.00

Typed or printed name of signee