## Laa000034070

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	AUG - 4 20	22 

Office Use Only



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RECEIVED



## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: F. T. F	Amily Trans	Sportation W ted Liability Company	
The enclosed Articles of Ame	endment and fee(s) are sub-	nitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
-	Fadson	Ther mdoR Name of Person	<del>-   -   -   -   -   -   -   -   -   -  </del>
-	F.T. Family	Transportation Firm/Company	uc
-	508 Hullon	St. EAST	
		City/State and Zip Code	
_	FT Family Tra E-mail address: (1	nsportion LLC 09m	ail-Com or Fadson Tol @ gmail-(
For further information conce	erning this matter, please ex	ill:	
FAdson Thevilly Name of Per	10 dor	at ( <u>941</u> ) <u>380-7</u> Area Code Daytin	8   20 me Telephone Number
Dawn Kwamp	8 <del>n</del> i	(239) 840	î-7170
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee E	350.00 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		Strant Addraws	

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

FILED

2022 AUG -4 AM 11: 47

SECRETARY OF STATE

(Name of the Limited Liability Comp. (A Florida Limited	ny as it now appears on our records.) Liability Company)	ANASSEL FILLS
The Articles of Organization for this Limited Liability Company Florida document number <u>டவிணை 3年 070</u>	were filed on 01 18 2022	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Lehigh FC 33971  Office will be thou on Squt. 01, 2000  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BON)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	2602 50th St W	
(Principal office address MUST BE A STREET ADDRESS)	Lehich FL 33971	
	office will be those on	Sept. 01, 2022
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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 nan	ne of the new registered
Name of New Registered Agent:	<del> </del>	
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florida	Zıp Code
	City	Zıp 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.

h-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

Title	Name	<u>Address</u>	Type of Action
MGR	FADSON Therindor	508 Hulton St EAST	□Add
		Lenigz, FL 33974	□Remove
AMBR	Down Kwambai	508 Hulton St Epst	🗆 Add
		Lienigh Fe 33974	□Remove
		508 Hullon St Enst  Lienigh, Fe 33974/  from mar = mar	4 ZiChange
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<u>ote: li i</u>	date, if other that we date is listed, the date inserted in 's effective date on	this block does	s not meet the	applicable stat	tiling or more the atory filing requ	(option 90 days after this direments, this	nal) iling.) Pursuant to date will not be	605.020 listed as
ecord s is filed.	pecifies a delayed e	ffective date, b	ut not an effec	tive time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day	after the
ited	Dawn o	Nacs	Wan te of a member of	SA authorized rep	resentative of a 1	nember		<b>-</b>
		<i></i>	1/	a				