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FILED
2022 JUN 23 AM 6: 41

A. BUTLER SEP 14 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:V	orl Transpor	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	-Javante (Compbell Name of Person	
	Worl Tro	08 Prot LLC Firm/Company	
	2446 NW =	52nd Aye Address	
	_ Lauderhi	City/State and Zip Code	<u>}</u>
	Worltransport	o be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Dayonte Name of		at (344) 137 - Area Code Daytime	0239 c Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 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:

TO:

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

OF FILED

Mor Transbort LLC 2072 IIIN 23 AM 6: 41 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) CUGRETANN OF STATE
The Articles of Organization for this Limited Liability Company were filed on Ol-1944-80221 and assigned
Florida document number $L2200014279$
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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Cuy 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
AMBR	Jabarie Campbell	122-05 Sulphin Blvd,	□Add
			ÆRemove
			□Change
			□Add
			Remove
			□Change
			□Add
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			□Add
			□Remove
			□Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
the record 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 cord is filed.
Dated Trine 17 2022.
Dated
Savonte Camplanti Typed or printed name of signee