L22 000085776

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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A. BUTLER NOV - 1 2022

COVER LETTER

TO: Registration Section Division of Corporations .
FUBJECT: Qdday Transport LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filter.
Please return all correspondence concerning this matter to the following:
Anthony Johnson Name of Person
Gadar Transport LLC Firm/Company
1437 LAKEVIEW Rd. Address
LAKE WALES FL. 33853 City/State and Zip Crain Anti 2318 G G mail. com Small address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Johnson at x 863 in 223-10035 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$60.00 Filing Fee

staiting Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tananassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ERTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number L22000085776. amenument 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: same of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

. Florida ___

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 Memoe:			
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Chris Taylor	2928 Kathryn Ave	īZrAdd
		LAKELAND FL. 33805	= =
			□Remove
			□Add
			= Remove
			□Change
			Петюче
			□Add
			ZRemove
			□Change
			□Remove

,	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: If	e date, if other than the date of filing:
ecord is file	
Dated _	August 2, 2012
	Signature of a member or authorized representative of a member
	August 2, 2022 Con Management Signature of a member or authorized representative of a member Anthony Johnson Typed or printed name of signee