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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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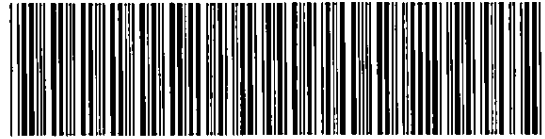
(Business Entity Name)

(Document Number)

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FILED
2023 FEB 27 PM 3:43
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Loyalty Transit Solutions LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cortina or Robert Foster

Name of Person

Loyalty Transit Solutions LLC

Firm/Company

11705 Boyette Rd Ste 257

Address

Riverview, FL 33569

City/State and Zip Code

loyaltytransitsolutionsllc@gmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Cortina or Robert Foster

813

382-3983

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Loyalty Transit Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 23, 2022 and assigned
Florida document number L22000087069.

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)

11705 Boyette Rd Ste 256

Riverview, FL 33569

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11705 Boyette Rd Ste 256

Riverview, FL 33569

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

Florida

City

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>	<u>Type of Action</u>
MGR	Cortina Foster	9912 Spanish Lime Ct	<input type="checkbox"/> Add
		Riverview, FL 33578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Robert Foster	9912 Spanish Lime Ct	<input type="checkbox"/> Add
		Riverview, FL 33578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

2025 FEB 27 PM 3:43
 State of Florida
 Department of Transportation
 Office of the Secretary
 1000 North West 17th Avenue
 Fort Lauderdale, FL 33311

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change ownership % as follows:

Cortina Foster - 51%

Robert Foster - 49%

2023 FEB 27 PM 3:43
TELETYPE UNIT
STATE

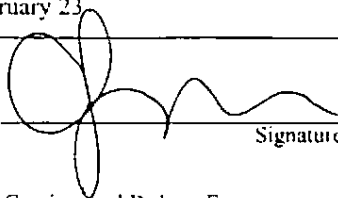
F. Effective date, if other than the date of filing: February 23, 2023 (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated February 23, 2023



Signature of a member or authorized representative of a member

Cortina and Robert Foster

Typed or printed name of signee