# 122000058114

(Requestor's Name)
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OF SIMILE STATE OF STATE OF CORPORATIONS

T. MATTHEWS JUL 29 2022

## RECEIVED

2022 JUL 27 PM 12: 43

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

July 8, 2022

SHELIAIGRIER COOPER 4408 SW 25TH STREET WEST PARK, FL 33023

SUBJECT: BROWNWOOD WORLD CLASS TRANSPORTATION SERVICE.

LLC

Ref. Number: L22000088114

We have received your document for BROWNWOOD WORLD CLASS TRANSPORTATION SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

In order to file an amendment the name of the Limited Liability Company must reflect on this form as it now appears on our records. Please see attached and make the proper changes to the entity's name on the enclosed blank form. As well as complete the highlighted portion on page 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 822A00015285

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: <u>BRO</u>	WHWOOD W	OLIC C/A55 TF	PEAGORIANION DERVICE LL
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	SHEL	IA GRIER CO	DOPER
	Blownwood	L WOUL CLASS Firm/Company	TRANSPORTATION SCRVICELLE
	4408 5.	W J5th5T	
	WEST A	ALL FC 3C	3023
	INFO. blown E-mail address: (	JUXXXIII and Zip Code  JUXXXIII LANS DOLLA  to be used for future annual deport notice	AHON EGMAIL-COM
For further information c	oncerning this matter, please ca		_
SHELIA Name o	GLIER CO	PECat (954) 690 Area Code Daytime	9585] e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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)
		C	

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

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

(A Florida Limited Liability Company)

DIVISION OF CORPORATIONS

### 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.

City

Enter Florida street address

\_, 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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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<u>mrs</u>	SHELIA GRIER	4408 S.W 25+nst	
		WEST PARK FL33023	) ØRemove
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e <mark>ctive date,</mark> effective date	if other than the is listed, the date mus	date of filing:	annot be neior t	o date of filing	or more th	(opti an 90 days afte	i <b>onal)</b> r filing.) Pursua	nt to 605.020
<u>te:</u> If the da	e inserted in this bl	ock does not me	ect the applica	ble statutory	filing rec	uirements, thi	is date will no	t be listed a
ument's effe	ective date on the D	eparanent of Su	ne s records.					
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