122000102935

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Houresa) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| , , |
| (Daguerant Number) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| aposis, monactions to raining canonic |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



200385960682

84/23/22 -81003--815 *#25.68

SECRETARY OF STATE SECRETARY OF STATE ATTIONS OF STATE AT

JUN 20 2022

COVER LETTER

Tallahassee, FL 32314

| | | istration Se sion of Cor | | | | | |
|---|--------|-----------------------------|---|--|-------------------|---|--|
| cup ic | | NC SAFE | TRANSPORT LLC | | | | |
| SUBJEC | - I i | | Name of Lim | ited Liability Company | | ··· | |
| The encl | osed | Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please re | turn | all correspo | ondence concerning this matter | to the following: | | | |
| | | | Elaina Marques | | | | |
| | | | | Name of Person | | | |
| | | | Kairos Consulting & Servi | ces LLC | | | |
| | | | | Firm/Company | | | |
| | | | 6100 Stevenson Dr | | | | |
| | | | | | | | |
| | | Orlando, F1, 32835 | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | City/State and Zip Co | ode | | |
| | | | kairosconsultingandservices | •- | | | |
| | | | | to be used for future ann | ual report nottli | ecation) | |
| For turth | ner in | formation c | oncerning this matter, please co | all: | | | |
| Elaina N | 1arqı | ies | | 321 | 263-8243 | | |
| Name of Person | | Area Code | Daytime | Telephone Number | | | |
| Enclosed | I is a | check for th | he following amount: | | | | |
| | | | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing F Certified Copy (additional copy is | • | S60,00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) | |
| | | ling Addres | | | t Address: | | |
| Registration Section Division of Corporations P.O. Box 6327 | | | 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

| NC SAFE TRANSPORT LLC | | | | |
|--|---|---|---------------------------|---------------------|
| (<u>Name of the Limi</u> | ted Liability Compa (A Florida Limited I | ny as it now appears on liability Company) | our records.) | |
| - | | were filed on $02/287$ | 2022 | and assigned |
| Florida document number 1722000102233 | · | | | |
| his amendment is submitted to amend the foll | owing: | | | |
| Address MAY BE A POST OFFICE BOX) LEHIGH ACRES. FL 33971 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 8650 PEGASUS DRIVE Emer Florida street address | | | | |
| | | | | |
| he new name must be distinguishable and contain the v | vords "Limited Liabi | ity Company," the design | nation "LLC" or the al | breviation "L.L.C." |
| Enter new principal offices address, if applic | cable: | 8650 PEGASUS DE | RIVE | |
| Principal office address MUST BE A STREET ADDRESS) | | LEHIGH ACRES, I | 1, 33971 | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE | | | | |
| | | | | |
| | | address on our recor | rds, <u>enter the nam</u> | e of the new regist |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | 8650 PEGASU | | | |
| | | Enter Florida s | treet address | |
| | LEHIGH ACRES | | , Florida <u>33971</u> | |
| | Сиу | | | 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------|------------------------|----------------|
| AMBR | GIUSLEI S OLIVEIRA | 2717 SHELBY PKWY | |
| | | CAPE CORAL, FL 33904 | ■Remove |
| | | | □ Change |
| AMBR | NUBIA S DA CRUZ BARROS | 8650 PEGASUS DRIVE | |
| | | LEHIGH ACRES, FL 33971 | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | |
| | | | □ Change |
| | | | □Add |
| | | - | Remove |
| | | | ☐ Change |
| | | | |
| | | | □Remove |
| | | | □ Chanue |

| | | | | | | _ |
|--|--|--|---------------------|-----------------|---------------------|--------------|
| | | | | | _ | _ |
| | , <u>,</u> | | | . <u></u> | | _ |
| | | | | | | |
| | - | | _ | | _ | |
| | | | - | | | _ |
| | | | | | - | _ |
| | | | | | | _ |
| | - | | | | | _ |
| · | | | | | - | _ |
| | | | | | | _ |
| | | | | | | _ |
| | | | · | ·- | | _ |
| | | | | | | _ |
| | | | | - | | |
| · · | | | | | | _ |
| | | | _ | | | - |
| Tective date, if other than the date in effective date is listed, the date must be specific. If the date inserted in this block document's effective date on the Department. | eific and cannot be es not meet the a | e prior to date of applicable stati | | | ig.) Pursuant to 60 | |
| ecord specifies a delayed effective date, s filed. | but not an effec | tive time, at 11 | t:01 a.m. on the | earlier of: (b) | l'he 90th day af | er the |
| April 21th | 2022 | ·· | | | | |
| Sioner | lexand | re Bar | resentative of a me | unher | | |
| Alexandre Barros | are in a member 0 | . аанениев тер | Committee of a file | | | |