122000200235

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_
1 elmi15

Office Use Only



300425085383

88.04.24--61091--601 ---10.03

1924 Transport

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FLORIDA T	DPS TRANSPORT LLC Name of Limited Liability Company	
The enclosed Articles of Amendment an	nd fee(s) are submitted for filing.	
Please return ail correspondence concern	ning this matter to the following:	
	MANDY A. CRUZ Name of Person	
	Firm/Company	
P	10 Box 4152	
	Address	
	OORE HOVEN, FL 33 City/State and Zip Code	47
	City/State and Zip Code OTRSIDE GMAIL. COM E-mail address: (to be used for future annual report notific	
For further information concerning this n		·
MANDY A CRUZ	at (803) 909- Area Code Daytime T	7002 Felephone Number
Enclosed is a check for the following am	iount:	
☐ \$25.00 Filing Fee		☐ \$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

- FLORIDA TOPS TRANSI	PORT LLC
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L2200020035}$.	were filed on 04-27-2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
TOPS SERVICE SOLUTIONS LL	С
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9005 GREEN CIRCLE
(Principal office address MUST BE A STREET ADDRESS)	LABELLE, FL 33935
Enter new mailing address, if applicable:	POBOX 4152
(Mailing address MAY BE A POST OFFICE BOX)	POBOX 4152 MODRE HAVEN, FL 33471
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	. 5
	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 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
MGR	Edwin Guz	9005 GREEN CIRCLE	/Add
		LABELLE FI 33935	□Remove
			Change
			🖸 Add
			□Remove
		·	□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			ПСылла

	Business type: Handy man
E 66	Sing days 15 at 1 a
(If an el	tive date, if other than the date of filing: (optional) Tective 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docui	nent's effective date on the Department of State's records.
ie reco ord is f	rd 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 iled.
Dated	2 - 2/2 2021
いないた(2-36, 2024. — Mans Ans
	1 Maria da
	Signature of a member or authorized representative of a member
	MANDY A CRUZ

Filing Fee: \$25.00