## L2200209198

(Re	equestor's Name)	
(Ad	idress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
<del>_</del>	<del>_</del>	_
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Registration Section

TO:

Division of Corp	orations		
SUBJECT: Te	ensportation S Name of Limi	entes of Floridated Liability Company	da
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Robert	Epstern Name of Person	
	Transportation S	ENTIES Of Flasida	<del></del>
	_ ,	enere drive	
	Tallahassee	Florida 32312 City/State and Zip Code	
	Repstein 3066 E-mail address: (1	Danail. Com to be used for future annual report not	ification)
For further information co	oncerning this matter, please co	all:	
Robert Eps	HCT Nerson	at (SSo) USQ. Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e following amount:		
S \$25.00 Filing Fee	S30.00 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 S Division of Co	ection orporations 7	Street Address: Registration So Division of Co The Centre of	rporations
Tallahassee, F	L J4J14	2412 IV. MOIII	or officer parte of the

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

·	OI	110		4	~
Transportation of Flo	irvatu Ser	vices cic			· .
Transportation Server	<del>us 0(-1</del>	Provide (C		20 2	٠ ٢
\ (Name of the Limited Li (A F)	ability Compan orida Limited Li	y as it now appears on our ability Company)	records.)		Q
				4	3
The Articles of Organization for this Limited Liabili	ty Company v	were filed on $308$	[22	and assigned	Ę.
Florida document number 💭 000 269 195	<u>s</u> .			'د	1
This amendment is submitted to amend the followin	g:			e de la companya de l	,
A. If amending name, enter the new name of the	limited liabil	ity company here:			
Transportation Services of F	varida (	<u>L</u> C			
The new name must be distinguishable and contain the words			n "LLC" or the abbr	eviation "L.L.C."	_
Enter new principal offices address, if applicable	•	2940 Rando	mere drive	<u></u>	<del></del>
Principal office address MUST BE A STREET AL	DDRESS)	Jallahasee	FL 3231	₹	
Enter new mailing address, if applicable:		Sally Rombine	ce done		
• • • • • • • • • • • • • • • • • • • •		Fallaline	-17-3251		_
Mailing address MAY BE A POST OFFICE BON	2	- Company Cost	1. 200.31		_
					_
B. If amending the registered agent and/or regist	tered office a	ddress on our records	enter the name	of the new regis	tered
agent and/or the new registered office address he		duress on our records,	CHCC CHC HARRE	West of the Control o	
Name of New Registered Agent:	Rebert	Epstein .			_
New Registered Office Address:	Jay. Rue	denere drive			
new Regimered Office Addings.	<u> </u>	Enter Florida stree	t address		
	-tallata	:5500	Florida	32312	
_	1 = 2 = 3 = 3 = 4 = 5	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>	Name	Address	Type of Action
MGR	Robert Epstein	Fallahasie FL 325/2	🗆 Add
	·	Fallahasse Fl 303/2	□Remove
			[]Change
		<del></del>	□Add
			🗆 Remove
			□Change
			□Add
		<u>-,</u>	Remove
			□Change
			□ Add
		□Remove	
			□Change
			□Add
		□Remove	
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· All adresses for the LLC should be changed to:
(Supples connect Tallahassee 1072 advess)
2241 North Marca Street #1292
Tallahassee, Fl 32303
E. Effective date, if other than the date of filing:  (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)(  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 $\frac{11/12622}{}$ .
Signature of a member or authorized representative of a member
Dated 11/1/2622
Typed or printed name of signee

Filing Fee: \$25.00