## KZZ 000265450

(Requestor's Name)
(Address)
(Address)
(1001055)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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( 9/30/2022

## **COVER LETTER**

Tallahassee, FL 32314

	Registration S Division of Co					
SUBJEC		ANSPORT LLC				
SOBJEC	~1:	Name of Lim	ited Liability Company			
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
		RICHARD M. VELASCO				
			Name of Person			
		FIVE TRANSPORT LLC				
Firm/Company						
	Address					
		PORT ST. LUCIE, FL 34953				
		City/State and Zip Code				
		mlou13ag@aol.com	to be used for future annual report no	et Francis N		
For furth	er information (	concerning this matter, please co		orneation		
Diana Vo	clasco		786 285-6256			
	Name o	of Person	at () Area Code Dayt	ime Telephone Number		
Enclosed	l is a check for t	the following amount:				
<b>■</b> \$25.0	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 Addre Registration		Street Address: Registration S	Section		
	Division of C	Corporations	Division of C	orporations		
	P.O. Box 633	27	The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 0"1 -5 Pii 12: 33

FIVE TRANSPORT LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/10/2022}{122000265450}$ .	and assigned
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 abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
_ <del></del>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here:	the new registered
Name of New Registered Agent:	
New Registered Office Address:	here:  de designation "LLC" or the abbreviation "L.L.C."  records, enter the name of the new registered  lorida street address  , Florida
Enter Florida street address	
	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
AMBR	Diana Velasco	234 SW Volta Court	≣Add
		Port St. Lucie, FL 34953	□Remove
		Treasurer	
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Add
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an eff ote:	we date, if other than the date of filing:
recor Lis fil	d 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 led.
ated	June 28 2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00