(Re	equestor's Name)	
(Āc	idress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Dc	ocument Number)	
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A. RIVERS
JAN 1 8 2023



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COVER LETTER

TO: Registration Sec Division of Corp						
SUBJECT: <u>LLL TRAI</u>	NSPORT SERVICES, I Name of Limi	LLC ited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspor	ndence concerning this matter	to the following:				
	Corpor	Corporate Maintenance Lead				
	_	Name of Person				
	Proc	essing Department				
	1	450 Vassar St				
	Address					
		Reno, NV 89502				
		City/State and Zip Code	·			
	E-mail address: (to be used for future annual report notif	ication)			
For further information co	oncerning this matter, please co	all:				
Processi	ng Department	at (800) 638-2320				
Name of			: Telephone Number			
Enclosed is a check for th	e following amount:					
☑ \$25.00 Filing Fee	□ \$30.00 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)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLL TRANSPORT SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/17/22 and assigned Florida document number L22000277223 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 abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cuv

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>	<u>Name</u>	Address	Type of Action
MGR	Ralph D. Lewis	5565 Rowell Rd	
		Milton, FL 32583	□ Remove
			☐ Change
			☐ Remove
		······	Change
			Remove
			□ Change
			Add
			Remove
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			Change
	<u> </u>		Add
			Remove
			□ Change

From:UPS Pace FL	8509951422	10/14/2022 13:41	#494 P.006/00
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E. Effective date, if other than the	e date of filing. N/A	(optional)	
(If an effective date is fixted, the date in	ast of electify and cambo of brior of orac or un	ing or more than 90 days after filing.)	Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this lead out the document's effective date on the	block does not meet the applicable statuto Department of State's records.	ory filing requirements, this date	will not be listed as the
If the record specifies a delaye	ed effective date, but not an effe	ctive time, at 12:01 a.m. (on the earlier of:
(b) The 90th day after the re	cord is filed.	•	
Dated 9-14-	· 22		
1.	/) ////		
	Signature of a member or authorized repres	tentatura of a member	
	piguature of a menioci of announced rebies	SCHMITTE OF A INCIDENT	
	Laura Lewis		
	Typed or printed name of s	ignee	

E.

Page 3 of 3

Filing Fee: \$25.00