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COVER LETTER

Registration Section Division of Corporations RDR TRANSPORT LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RAYMOND P TRICARICO Name of Person Firm/Company 7174 VILLAMAR WAY Address LAKE WORTH, FL 33463 City/State and Zip Code RTRICARICO@BELLSOUTH.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 676-5694 RAYMOND P TRICARICO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

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

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RDR TRANSPORT LLC				
(Name of the Limi	ited Liability Comp (A Florida Limited	pany as it now appears on ou Liability Company)	<u>ir records.</u>)	
The Articles of Organization for this Limited L Florida document number L22000278828		y were filed on JUNE 20	, 2022	and assign to
orida document number L22000278828 tis amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: CROSS STATE LINES TRANSPORT LLC				
A. If amending name, enter the new name of	<u>of the limited lia</u>	bility company here:		
ACROSS STATE LINES TRANSPORT LLC				
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designati	ion "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if appli		N/A		
<u>Principal office address MUST_BE A STREI</u>	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	(BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records	s, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida stre	ret address	
			, Florida	
		City	, I MINA	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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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