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(Re	equestor's Name)	
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
OLID TROW	RATED TRANSPORTATION	LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JASON L COLEMAN		
		Name of Person	
	<u> </u>	Firm/Company	
	4460 GREY HAWK ST		
	ORANGE PARK, FL 3206	Address	
		City/State and Zip Code	
	ORCHESTRATEDSERVIC	•	
		to be used for future annual report notific	ation)
	oncerning this matter, please ca		
JASON L COLEMAN		313 778-2769 at ()	
Name o	f Person	Area Code Daytime T	Telephone Number
Enclosed is a check for t	he following amount:		
✓ \$25.00 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 Sect	ion
Division of C	Corporations	Division of Corpo	orations
P.O. Box 631		The Centre of Ta	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUH 27 AH 11: 59

ORCHESTRATED TRANSPORTATION LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability C		and assigned
Florida document number L22000280731	 -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
•		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	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>	<u>Address</u>	Type of Action
AMBR	JASON L COLEMAN	4460 GREY HAK ST.	
		ORANGE PARK, FL 32065	_
			☐ Change
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fective date, if other than the n effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to book does not meet the applica	o date of filing or more than ble statutory filing require	(optional) 00 days after filing.) Pursuant to 605 ements, this date will not be list	5.0207 ed as
ecord specifies a delayed effective is filed.	date, but not an effective tit	ne, at 12:01 a.m. on the ea	irlier of: (b) The 90th day afte	r the
ted JUNE 22	. 2022	<u> </u>		
<u></u>	2)		
-	Signature of a member or author	rized representative of a mer	nber	