3/2/23, 9:55 AM

Division of Corporations



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(((H23000080356 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062

Phone : (323)962-8600

Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

mail .	Address:				
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEAUBRUN TRANSPORT LLC

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Help

COVER LETTER

TO: Registration S Division of Co			
	UN TRANSPORT LLC		
SUBJECT:	Name of Limi	ned Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subi	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
	pbeau01@hotmail.com	City/State and Zip Code	
	E-mail address: ()	o be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ill:	
Cheyenne Moseley		800 773-0888	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting 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, F1, 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited	tny as it now appears on our record Liability Company)	<u>(15.</u>)	
The Articles of Organization for this Limited I Florida document number $\frac{1.22000287617}{1.000000000000000000000000000000000000$	iability Company	were filed on 06/24/2022	and assigne	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oifity company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	htv Company," the designation "LLC	C" or the abbieviation "L.L.C."	
If amending name, enter the new name of the limited liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered of istered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address: 4535 LUCERI	4535 LUCERNE LAKES BL	VD W # 105		
(Principal office address MUST BE A STRE	ET ADDRESS)	GREENACRES, FL 33467		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4535 LUCERNE LAKES BLA GREENACRES, FL 33467	VDW#105	
registered agent and/or the new registered (I/or registered o office address her	ffice address on our record <u>e</u> :	ls, enter the name of t	
Name of New Registered Agent:			N 1	
New Registered Office Address:	4535 LUCERN	RE LAKES BLVD W # 105 Enter Florida street addites	, <u> </u>	
	GREENACRE	S . FI	orida 33467 :	
		Cny	Zip Co lle	

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 hability 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:

2023-03-02 07:57:45 PST

MGR = Manager AMBR = Authorized Member

To:

Title	Name	Address	Type of Action
AMBR	BEAUBRUN, PASCAL	4535 LUCERNE LAKES BLVD W # 105	□ Add
		GREENACRES FL 33467	
			Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			□ Remove
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			🗆 Change

			STEVENS CLINED	Vo. 6140 €.	4
Ifam	ending any	other info	mation, enter change(s) here: (Auach addition	mal sheets, if necessary.)	
					
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Effect	ive date, if	other than	he date of filing:	(optional)	
ir an en Note:	lective date is If the date i	isted, the date ascreed in thi	must be specific and cannot be prior to date of filing or me tolock does not meet the applicable statutory filing	re than 90 days after filing.) Pursuant to 605.0 ; requirements, this date will not be listed)207 (3 3 as (b
			Department of State's records.		
			/ed effective date, but not an effective the ecord is filed.	me, at 12:01 a.m. on the earlier	r of:
1	Joan day				
Dated	Jano	JACSI	17 th 2023		
Dated	_¥X	À -			
	- Yu	scal !	Dentrus		
		,_	3enhum Signature of a member of authorized representative of	of 4 member	
	PASCA	BEAUBRU			
			Typed or printed name of signer	· · · · · · · · · · · · · · · · · · ·	

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