

L22 000334760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

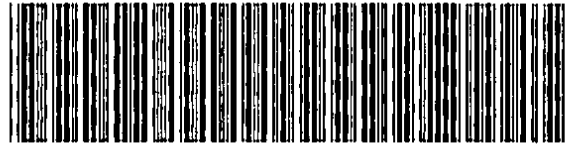
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A. RIVERS

JAN 25 2023

Registration Section  
Division of Corporations

L.A.W TRANSPORT LLC  
F: \_\_\_\_\_  
Name of Limited Liability Company

sed Articles of Amendment and fee(s) are submitted for filing.

urn all correspondence concerning this matter to the following:

LA TOYA WILLIAMS  
\_\_\_\_\_  
Name of Person

L.A.W TRANSPORT LLC  
\_\_\_\_\_  
Firm/Company

674 CHESTNUT ST E  
\_\_\_\_\_  
Address

LEHIGH ACRES, FLORIDA 33974  
\_\_\_\_\_  
City/State and Zip Code

latoyastransport@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

her information concerning this matter, please call:

YA WILLIAMS  
\_\_\_\_\_  
Name of Person

281 854-5278  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

ed is a check for the following amount:

- ☐ \$5.00 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 Address:

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

Street Address:

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

TO  
ARTICLES OF ORGANIZATION  
OF

L.A.W TRANSPORT LLC

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

Articles of Organization for this Limited Liability Company were filed on JULY 29, 2022 and assigned  
document number L22000334760.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Current principal offices address, if applicable:

Current office address MUST BE A STREET ADDRESS

Current mailing address, if applicable:

Current address MAY BE A POST OFFICE BOX

When changing 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

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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  
understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is  
submitted 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

Manager  
Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
TI-JONAE WELCOME ✓	674 CHESTNUT ST E	<input type="checkbox"/> Add
	LEHIGH ACRES	<input checked="" type="checkbox"/> Remove
	FLORIDA 33974	<input type="checkbox"/> Change
ARABELLA WILLIAMS ✓	674 CHESTNUT ST E	<input type="checkbox"/> Add
	LEHIGH ACRES	<input checked="" type="checkbox"/> Remove
	FLORIDA 33974	<input type="checkbox"/> Change
NORMAN WILLIAMS ✓	674 CHESTNUT ST E	<input type="checkbox"/> Add
	LEHIGH ACRES	<input checked="" type="checkbox"/> Remove
	FLORIDA 33974	<input type="checkbox"/> Change
DEION WILLIAMS ✓	674 CHESTNUT ST E	<input type="checkbox"/> Add
	LEHIGH ACRES	<input checked="" type="checkbox"/> Remove
	FLORIDA 33974	<input type="checkbox"/> Change
RASHEDA WILLIAMS ✓	674 CHESTNUT ST E	<input type="checkbox"/> Add
	LEHIGH ACRES	<input checked="" type="checkbox"/> Remove
	FLORIDA 33974	<input type="checkbox"/> Change
LA TOYA WILLIAMS	674 CHESTNUT ST E	<input checked="" type="checkbox"/> Add
	LEHIGH ACRES	<input type="checkbox"/> Remove
	FLORIDA 33974	<input type="checkbox"/> Change

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: JULY 25, 2022 (optional)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

member's effective date on the Department of State's records.

word 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  
filed.

OCTOBER 29, 2022



Signature of a member or authorized representative of a member

LA TOYA WILLIAMS

Typed or printed name of signee