Florida Department el Division of Computations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAN TRANSPORT RESOURCES LLC

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ARTICLES OF AMENDMENT TO TO ARTICLES OF ORGANIZATION OF

San Transport Desources LLC

San Transport Nesources Lac	many as it nav annuars on our records)	
(A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparida document number L22000352325	any were filed on 08/10/22	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company." the designation "LLC" or the	abbreviation "L.1C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS,	2	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered offi- igent and/or the new registered office address here: 	ce address on our records, enter the na	me of the new register
		200
Name of New Registered Agent:		72 AC
New Registered Office Address:		8 2 E
	Enter Florida street address	
	, Florida, Florida _	Zip QQ le
New Registered Agent's Signature, if changing Registered Age	nt:	22

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

Title	Name	Address	Type of Action
AMBR	Jose A. Feliciano	7901 4TH ST N STE 300	XI Add
		ST. PETERSBURG, FL 33702	□Remove
			□Remove
			□ Change
			□Remove
			Change
			🖸 Add
		A	□Remove
			Change
			□Add
			□Remove
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated Augsut 23 Morgan Noble Typed or printed name of signee

Filing Fee: \$25.00