122000355341

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(Address)			
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(City/State/Zip/Phone #)			
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COVER LETTER

TQ: Registration Section Division of Corporations
SUBJECT: SALTERS TAANSPORT & MORE!!! LLC 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:
Eula Salters Name of Person
SALTERS TRANSPORT LMORE!!! LLC
623 Carolyn Drv &. Address
Labeland FT 33803 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eula Salters Name of Person at (663) 614-3848 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF . . .

The Articles of Organization for this Limited Liability Company were filed on 8-12-2022 and assigned Florida document number 8-8-2022This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending 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 City

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 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 for removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
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ffective date, if oth	er than the date of filing: (optional)
an effective date is listed	i, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
iote: If the date inser	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
ocument's effective o	ate on the Department of State's records.
record specifies a dela	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
ated April	31/ 2023
alco + VI	
	5111 (1 on 20)
	Signature of a member or authorized representative of a member
	Eula Salters
	#- (

Filing Fee: \$25.00



January 23, 2023

EULA SALTERS 623 CAROLYN DRIVE LAKELAND, FL 33803

SUBJECT: SALTERS TRANSPORT & MORE !!! LLC

Ref. Number: L22000355341

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We have received your document for SALTERS TRANSPORT & MORE !!! LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

APROS 2003

Letter Number: 823A00001623