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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	FLOWING RIV	ER TRANSPORT, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Jonathon Baker	
		Name of Person	
		NewFloridaBiz.com Firm/Company	
	272	51 Wesley Chapel Blvd. #101	
		Address	
		Wesley Chapel, FL 33544 City/State and Zip Code	
	E-mail address: (ewFloridaBiz@gmail.com to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	atl:	
Jonath	on Baker	ar (813) 444-86	579
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address: Registration S	Section
Registration S Division of C		Division of C	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLOWING RIVE	R TRANSPORT	r, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears ,iability Company)	on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	08/22/2022	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de-	signation "LLC" or the a	obreviation "L.L.C."
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)			2022 NOV - SECRETAL SALLAH
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our re	cords, <u>enter the nan</u>	neaf the new registered
Name of New Registered Agent:			FL T
New Registered Office Address:	Enter Flori	la street address	114
	V. 115 / 1 (17) (5		
	Chy	Florida	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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	LINFORD T. JAMES	1292 SW HERALD RD	≡ Add
		PORT ST LUCIE, FL 34953	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

	MENDING TO ADD LINFORD T. JAMES AS SOLE AUTHORIZED MEMBER
	· · · · · · · · · · · · · · · · · · ·
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Note: If t	date, if other than the date of filing:
ie record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a mytoby of authorized representative of a member

Filing Fee: \$25.00