L2200371944

	(Requestor's Name)
	(Address)
	(Address)
	(Ćity/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Cedified Copies	Certificates of Status
·	
Special Instructions to	Filing Officer:
L	

Office Use Only

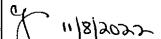


000397359230

11/08/12--01062 -011 **25.00

IA' LORICA

2022 NOV -8 AM 9: 37



COVER LETTER

TO:

TO: Regist Divisi	ion Section of Corporations	
SUR IFCT:	MVP TRANSPORT & SALES LIC Name of Limited Liability Company	
Jonatier	Name of Limited Liability Company	
The analogad A	cles of Amendment and fee(s) are submitted for filing.	
Please return a	orrespondence concerning this matter to the following:	
	Gabriel A Timenez Baez Name of Person	
	Pirm/Company	
	2902 Caschella Dr	
	Address	
	Kissimmee Fl 34744 City/State and Zip Code	
	MUPTIONS POUT 1011 @ ancil. com E-mail address: (to be used for future annual report polification)	
For further inf	nation concerning this matter, please call:	
Gabr	1 A Timener Raer at 407 731 - 262-1 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	ck for the following amount:	
□ \$25.00 Fi	g Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\text{Certified Copy}\$ (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy}\$ (additional copy is enclosed)	
Reg Div P.O	Address: ration Section on of Corporations Box 6327 assee, 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

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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MUD TRANSPORT S). <i>CALEC</i>	i	2022 HIM -8	/ · · 10: 04
The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Liability Company	y as it now appears on	our records.)		
This 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 Enter Florida Treet address Florida Treet address	(A Florida Limited Lic				•,
This 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: (Mailting 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 Agent: New Registered Office Address: Enter Florida street address Enter Florida	The Articles of Organization for this Limited Liability Company w	vere filed on	8/24/22	and assigne	d
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 Zip Code	Florida document number <u>L 22000371944</u>				
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 Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida	This amendment is submitted to amend the following:				
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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code	A. If amending name, enter the new name of the limited liabil	ity company here:			
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 Zip Code	The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the design	nation "LLC" or the at	obreviation "L.L.C."	``
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:	Enter new principal offices 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:	(Principal office address MUST BE A STREET ADDRESS)			_	
(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:					
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:	Enter new mailing address, if applicable:				
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code	(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		<u>.</u>	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code		 -			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code	B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our reco	rds, <u>enter the nan</u>	ne of the new re	gistered
New Registered Office Address: Enter Florida street address Florida City Zip Code					
Enter Florida street address	Name of New Registered Agent:	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
City Sip Code	New Registered Office Address:	Ent w Elovida	uteast addracs		
City Zip Code		Enter Mortaa .			
·		City	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>	<u>Name</u>	Address	Type of Action
γ	Gabriel A Jimenez B	ácz 2902 casabelk D. Kissinne	<u> </u>
			□Remove
			□ Change
,			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·
Effective date, if other than the date of filing: (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
he 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 ord is filed.
Dated Nov - 8 - 202-2
Signature of a plember or authorized representative of a member Gebrie (A Jimeirez Báez Typed or printed name of signee
Gebrie A Timeirez Ráez Typed or printed name of signee

Filing Fee: \$25.00