

9/2/22, 10:21 AM

Division of Corporations

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

# L22000379021

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H22000302982 3)))



H220003029823ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

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

Email Address: \_\_\_\_\_

2022 SEP -2 PM 11:06

 2022 SEP -2 PM 4:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

FILED

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### OZO TRANSPORTATION LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

C. BRUMBLEY  
SEP - 6 2022

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 67B83D03-3832-4CA9-941A-AB9655C2E48B

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OZO TRANSPORTATION LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/31/2022 and assigned  
Florida document number L22000379021.

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 "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)

**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, 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

DocuSign Envelope ID: 67B83D03-3832-4CA9-941A-AB9655C2E48B

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>       | <u>Address</u>                | <u>Type of Action</u>                   |
|--------------|-------------------|-------------------------------|---|
| MGR          | MICHAEL A. BLANCO | 1501 VENERA AVENUE, SUITE 325 | <input checked="" type="checkbox"/> Add |
|              |                   | CORAL GABLES, FL 33146        | <input type="checkbox"/> Remove         |
|              |                   |                               | <input type="checkbox"/> Change         |
|              |                   |                               | <input type="checkbox"/> Add            |
|              |                   |                               | <input type="checkbox"/> Remove         |
|              |                   |                               | <input type="checkbox"/> Change         |
|              |                   |                               | <input type="checkbox"/> Add            |
|              |                   |                               | <input type="checkbox"/> Remove         |
|              |                   |                               | <input type="checkbox"/> Change         |
|              |                   |                               | <input type="checkbox"/> Add            |
|              |                   |                               | <input type="checkbox"/> Remove         |
|              |                   |                               | <input type="checkbox"/> Change         |
|              |                   |                               | <input type="checkbox"/> Add            |
|              |                   |                               | <input type="checkbox"/> Remove         |
|              |                   |                               | <input type="checkbox"/> Change         |
|              |                   |                               | <input type="checkbox"/> Add            |
|              |                   |                               | <input type="checkbox"/> Remove         |
|              |                   |                               | <input type="checkbox"/> Change         |

11/05/2021 12:16:20 PM - Walter Klumper Online