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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2022 SEP 21 AH 8: 02 SECRETARY OF STATE TAILAHASSEE, FL

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
	Y STANLEY TRANSPORTA	FION LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
lease return all correspo	indence concerning this matter	to the following:	
	STANLEY MORENCY		
		Name of Person	
	MORENCY STANLEY T	RANSPORTATION LLC	
		Firm/Company	
	2717 HIAWATHA AVE		
		Address	
	WEST PALM BEACH FI	, 33409	
		City/State and Zip Code	
	STANLEYTRANSPORTA	TION@OUTLOOK.COM	
	E-mail address: (	to be used for future annual report not	tification)
for further information c	oncerning this matter, please c	all:	
STANLEY MORENCY		561 452 - 7675 at ()	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
		There on this in the	C \$60.00 Ellips U.S
■ \$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		Registration Se	
Division of C	•	Division of Co	•
P.O. Box 632		The Centre of	
Tallahassee, l	r∟ 52314	2415 N. :Monro	oe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORENCY STANLEY TRANSPORTAT	TION LLC		
(Name of the Limited Liah (A Flor	ility Company as it now a ida Limited Liability Comp	ppears on our records.)	
The Articles of Organization for this Limited Liability	Company were filed or	n SEPTEMBER 01, 2022	_ and assigned
lorida document number 1.22000386161			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability compan	y here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company."	the designation "LLC" or the abbro	viation "L.L.C."
inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	ORESS)	<u> </u>	
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Tuning dadress MAT BE A POST OFFICE BOX)			
. If amending the registered agent and/or register	ed office address on a	Ir records onton the name	.E.A.L.
cent and/or the new registered office address here:	:	ir records, enter the name o	I the new registe
Name of New Registered Agent:			
New Registered ()ffice Address:			
	Enter	Florida strvet address	
		Florida	
	City		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 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
MGR	EDELINE SAINJUSTE	2717 HIAWATHA AVE	□Add
		WEST PALM BEACH FL33409	□Remove
			<b>■</b> Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Secretary Secret
			2022 SEP 21 Ref 8: One STAIL ATTAINS SHE, FL
			STATE Charge
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

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Note: If the date inserted in the	the date of filing:  must be specific and cannot be prior to date of filing or nois block does not meet the applicable statutory filing the Department of State's records.	(optional) nore than 90 days after (iling.) Pursuant to 605,0207 (3) ng requirements, this date will not be listed as th
ne record specifies a delayed efford is filed.	ective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
Dated September 17	. 2022	
	Signature of a member or authorized representative	e of a member
STANLEY JR MO	RENCY	
<del></del>	Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

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fective date, if other than the date in effective date is listed, the date must be sote: If the date inserted in this block cument's effective date on the Depart	pecific and cannot be ploces not meet the ap	plicable statutory f	or more than 90 days at	otional) der filing.) Pursuant to G his date will not be h	505.0201 isted as
ecord specifies a delayed effective dat is filed.	e, but not an effecti	ve time, at 12:01 a.	m, on the earlier of:	(b) The 90th day a	fter the
ted September 17	. 2022	<del></del> ·			
	JR.	Mony	W		
Tign Sign	ange of a memberor.	authorized represens	tive of a member		