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(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO:

	Registration Se Division of Cor			
oron er c		RANSPORT LLC		
SÜBJEC	. 15	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Molly Hoopes		
			Name of Person	
		New Business Filing		
		 	Firm Company	
		8170 Washington Village I	Drive	
			Address	
		Dayton, Ohio 45458		
		Molly@newbusinessfiling.c	City/State and Zip Code org to be used for future aimual report notification)	····
For furth	er information c	oncerning this matter, please co		
Molly H	oopes		888 701-6450 at ()	
	Name o	f Person	Area Code Daytime Telephone	Number
Enclosed	l is a check for th	he following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee.	Section Torporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street. S Tallahassee, FL 32303	e

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

·	FOUR M TRANSPORT LLC		
(Name of the Limi	ted Liability Company as It now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L	, , ,	10/05/2022	SECRE TALL ASSEE, FL and assigned
Florida document number L22000430070			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	<u>iere</u> :	
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 appli-	cable:		
(Principal office address MUST BE A STREE	ET <u>ADDRESS)</u>	*****	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BON		
		<u> </u>	·
B. If amending the registered agent and/or		records, enter the	e name of the new registered
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Mirna Ivette Rivera De Jesus		
New Registered Office Address:	2424 S Conway Rd	<u></u>	
	Enter Flo	onda street address	
	Orlando	, Flori	da <u>32812</u>
	Civ		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.

II 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

Title .	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
		·	
			□Remove
		 	□Change
			CAdd
			□Remove
			☐ Change
			□Remove
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Effectiv	e date, if other than the date of filing:(optional)
tlf an effective Note: 1	tive 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 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
he record ord is file	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 d.
Date 1	october 10 2022
Dated _	

Typed or printed name of signee