L22000446928

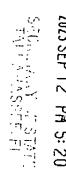
(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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09/12/23--01014--004 **30.00





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AD3 Transportation				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our record Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000446928}{1.000000000000000000000000000000000000$	were filed on 10/17/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2267 Sotterley Lanc			
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Fl. 32220			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter	T F F F F F F F F F		
Name Provintered Office Addresses				
New Registered Office Address:	Enter Florida street addre	22.		
	, F1	lorida		
	CIĻ	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, a	nd I am familiar with and		

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
MGR	Anthony Dempsey	2267 Sotterley Lane Jacksonville FL 32220	≣Add
			□Remove
		***************************************	□Change
MGR	Leatrice Muhammad	2267 Sotterley Lane Jacksonville FI 32220	🗆 Add
			≡ Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
	·		Remove
			□Change

			 			
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						 -
		- <u></u>				
						
						
						
ffective date, if other than th	a date of filing	a•		(4	optional)	
an effective date is listed, the date miote: If the date inserted in this ocument's effective date on the	ust be specific and block does not n	cannot be prior to neet the applica	o date of filing or	more than 90 days	after filing.) Pursuan	t to 605.0207 be listed as
record specifies a delayed effect Lis filed.	ive date, but not	an effective tin	ne, at 12:01 a.m	, on the earlier o	f: (b) The 90th d	ay after the
09/08 Pated		2023	<u> </u>			
,	N 99					
,	Signature of a	member or autho	rized representativ	e of a member		

Filing Fee: \$25.00

COVER LETTER

. . .

TO: Registration Section

Division of Cor	porations				
AD3 Trans	portation LLC				
SUBJECT:	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:			
	Anthony Dempsey				
		Name of Person			
		Firm/Company			
	2267 Sotterley Lane				
		Address			
	Jacksonville Fl 32220				
	dempseyanthony22@gmail	City/State and Zip Code			
		to be used for future annual report no	otification)		
For further information c	oncerning this matter, please c	all;			
Anthony Dempsey		904 219-5228 at ()			
Name o	f Person	at () Area Code Dayt	ime Telephone Number		
Enclosed is a check for the	he 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:	Na de Cara		
Registration Section Division of Corporations		-	Registration Section Division of Corporations		
P.O. Box 632	.7	The Centre of	Tallahassee		
Tallahassee, FL 32314		2415 N. Moni	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303