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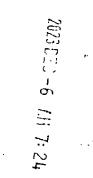
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Special Instructions to	Filing Officer:	
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C/ 12/19/2023

## **COVER LETTER**

Division of Corporations	
SUBJECT: TY E Nation We Name of Limit	de transport (LC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
	J. Sablon Name of Person  Tidowide Fransport LLC.  Firm/Company
1007 NW	/ST ST
teresa. Sak	City/State and Zip Code  Slon 2433 & gneil. Com  be used for future annual report flotification)
For further information concerning this matter, please cal	l:
Teresa T. Sablon Name of Person	at ( <u>786</u> ) 315-3458.  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

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

TYENATIONWIDE 7	ransport Uc 2023 DEC -6 1/1 7:24
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000 460470</u>	were filed on $16/26/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Clewiston, Fl. 33440.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1007 Nw 15TST Mianei, Ff. 33172
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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
			□ Add
			□Remove
			□Change
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		<del></del>	□Remove
			□Change
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			□Change
		□Add	
			□Remove
			□Change
			<b>7</b> a.

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effectiv	e date, if other than the date of filing:
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
ne 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.
Dated _	Nov 27 0023
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Toresa Jacqueline Salbon Typed or printed name of signee