

L220000491803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

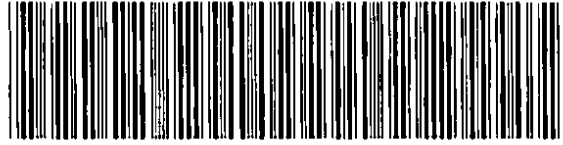
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Transport Hub LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jasmine Owens

Name of Person

Transport Hub LLC

Firm/Company

P.O. Box 616529

Address

Orlando, Florida 32861

City/State and Zip Code

Shippingmania@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jasmine Owens

407

430-1755

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

Transport Hub

(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 November 17, 2022 and assigned
Florida document number 122000491803.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Transport Hub LLC

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

_____, **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 Changing Registered Agent, Signature of New Registered Agent

AMBR = Authorized Member

Item	Category	Quantity	Unit	Price	Total	Notes
1	Item 1	1	Unit	100	100	
2	Item 2	2	Unit	50	100	
3	Item 3	3	Unit	33.33	100	
4	Item 4	4	Unit	25	100	
5	Item 5	5	Unit	20	100	
6	Item 6	6	Unit	16.67	100	
7	Item 7	7	Unit	14.29	100	
8	Item 8	8	Unit	12.5	100	
9	Item 9	9	Unit	11.11	100	
10	Item 10	10	Unit	10	100	
11	Item 11	11	Unit	9.09	100	
12	Item 12	12	Unit	8.33	100	
13	Item 13	13	Unit	7.69	100	
14	Item 14	14	Unit	7.14	100	
15	Item 15	15	Unit	6.67	100	
16	Item 16	16	Unit	6.25	100	
17	Item 17	17	Unit	5.88	100	
18	Item 18	18	Unit	5.56	100	
19	Item 19	19	Unit	5.26	100	
20	Item 20	20	Unit	5	100	
21	Item 21	21	Unit	4.76	100	
22	Item 22	22	Unit	4.55	100	
23	Item 23	23	Unit	4.35	100	
24	Item 24	24	Unit	4.17	100	
25	Item 25	25	Unit	4	100	
26	Item 26	26	Unit	3.85	100	
27	Item 27	27	Unit	3.7	100	
28	Item 28	28	Unit	3.57	100	
29	Item 29	29	Unit	3.45	100	
30	Item 30	30	Unit	3.33	100	
31	Item 31	31	Unit	3.23	100	
32	Item 32	32	Unit	3.13	100	
33	Item 33	33	Unit	3.03	100	
34	Item 34	34	Unit	2.94	100	
35	Item 35	35	Unit	2.86	100	
36	Item 36	36	Unit	2.78	100	
37	Item 37	37	Unit	2.7	100	
38	Item 38	38	Unit	2.63	100	
39	Item 39	39	Unit	2.56	100	
40	Item 40	40	Unit	2.5	100	
41	Item 41	41	Unit	2.44	100	
42	Item 42	42	Unit	2.38	100	
43	Item 43	43	Unit	2.33	100	
44	Item 44	44	Unit	2.27	100	
45	Item 45	45	Unit	2.22	100	
46	Item 46	46	Unit	2.17	100	
47	Item 47	47	Unit	2.13	100	
48	Item 48	48	Unit	2.08	100	
49	Item 49	49	Unit	2.04	100	
50	Item 50	50	Unit	2	100	
51	Item 51	51	Unit	1.96	100	
52	Item 52	52	Unit	1.92	100	
53	Item 53	53	Unit	1.89	100	
54	Item 54	54	Unit	1.85	100	
55	Item 55	55	Unit	1.82	100	
56	Item 56	56	Unit	1.79	100	
57	Item 57	57	Unit	1.75	100	
58	Item 58	58	Unit	1.72	100	
59	Item 59	59	Unit	1.69	100	
60	Item 60	60	Unit	1.67	100	
61	Item 61	61	Unit	1.64	100	
62	Item 62	62	Unit	1.61	100	
63	Item 63	63	Unit	1.58	100	
64	Item 64	64	Unit			

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00