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COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:		nily Auto Transport LLC		
SOBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Stephanie Goebel		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
		5511 Parkerest Drive, Ste.	103	
		 -	Address	
		Austin, TX 78731		,
			City/State and Zip Code	
		fulfillment@zenbusiness.co		;
		E-mail address: (to be used for future annual report notifi-	cation)
For further in	formation cor	ncerning this matter, please ca	nH:	
Stephanie Goebel c/o ZenBusiness Inc. 844			844 493-6249	
Name of Person		at ()	Telephone Number	
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Graham Family Auto Transport LLC (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 12/16/2022 ____ and assigned Florida document number 1.22000526784 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 15985 Preserve Marketplace Blvd, 150 Enter new principal offices address, if applicable: Odessa, FL 33556 (Principal office address MUST BE A STREET ADDRESS) 15985 Preserve Marketplace Blvd, 150 Enter new mailing address, if applicable: Odessa, FL 33556 (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: ဘ Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___ City

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

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
AMBR	Ashley Graham		
			L Add
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		Odessa, FL 33556	
			Change
AMBR	Nicholas Graham		
		1-00-10	
		15985 Preserve Marketplace Blvd, 150	□ Remove
		Odessa, FL 33556	_
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nective date is fisted, the date must i	k does not meet the applicable s	e of filing or more than 90 days after (tatutory filing requirements, this	iling.) Pursuant to 60
cord specifies a delayed e 90th day after the reco	effective date, but not and dis filed.	effective time, at 12:01 a.	m. on the ear
December 19	2022		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00