## L23000036683

(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del>-</del>
Certified Copies	Certificates	s of Status
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## **COVER LETTER**

TO:

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eun ur <i>e</i> a		bread Transport 305, LLC				
SUBJECT	l:	Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspo	endence concerning this matter	to the following:			
		Nick Bowen				
			Name of Person			
		Combread Transport 305,	LLC			
			Firm/Company		(O	2
		122 Lake Ellen Circle				2023 FEB
			Address			- 83
		Crawfordville, FL 32327			5. 10. 10.	δ
		<del></del>	City/State and Zip Code		C) C)	AH II: 58
		Football_30522@yahoo.com	m to be used for future annual report no	ification)	FA	<u></u>
For further	r information c	oncerning this matter, please c	-	incanon)	נגו	ω
Nick Bow		· ·	701 500-9138			
Name of Person		at () Area Code Daytir	ne Telephone Number	<del></del>		
Enclosed i	s a check for th	ne following amount:				
■ \$25.00 Filing Fee			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status	
Mailing Address:		Street Address:				
Registration Section Division of Corporations		Registration So Division of Co				
P	O. Box 632	7	The Centre of	Tallahassee		
T	'allahassec, l	FL 32314	2415 N. Monro	oe Street, Suite 8	10	

Tallahassee, FL 32303

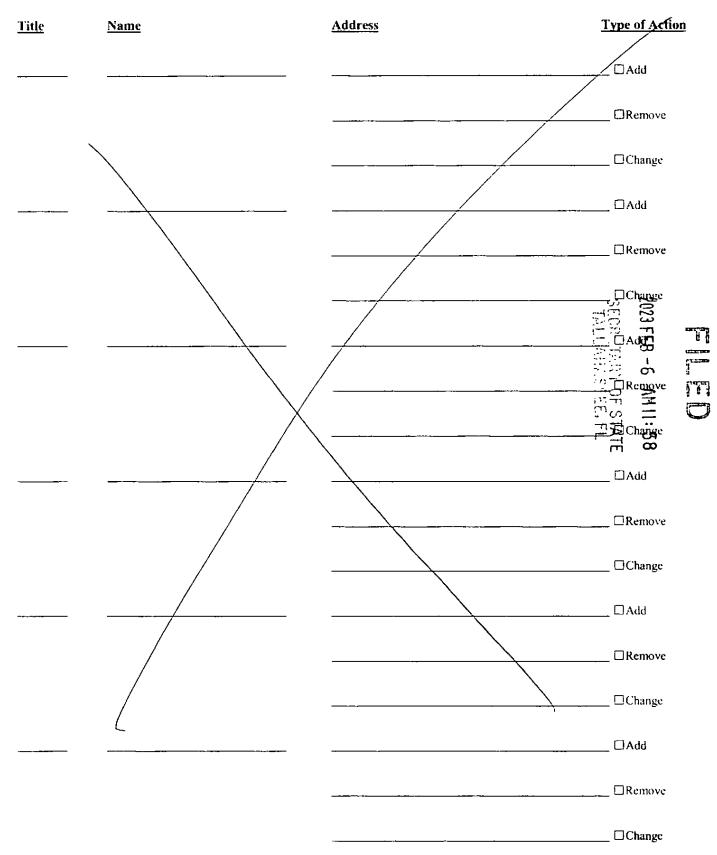
## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.)		
// I tottou control	Liability Company)		
The Articles of Organization for this Limited Liability Company  Plorida document number L23000036683	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:	Combread Transport 305, LLC	\$ 2028	
Principal office address MUST BE A STREET ADDRESS)	7515 NE 57th Street	(m) m) (m)	
	Gainesville, FL 32609		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		F	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florid	a	
<del></del>	City	Zip Code	

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



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Note: If	date, if other than the date we date is listed, the date must be sphe date inserted in this block d	loes not meet the	applicable statut	ling or more than 90 ory filing requirem	(optional days after filing ents, this date	) g.) <del>Pursuant to 6</del> e will not be l	605,0207 (3)( isted as the
documen	's effective date on the Departi	ment of state 8 H					
e record s	necifies a delayed effective date			01 a.m. on the earl	ier of: (b) T		ധ്
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e record s ord is filed	necifies a delayed effective date	2. 2023	ective time, at 12:			ORCUALY ALCALIAS	ധ്