Lazocochoze

(Re	questor's Name)		
(Ad	dress)		
DA)	dress)		
(Cit	y/State/Zip/Phone	· #)	
PICK-UP		MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
	J. HORN	E	
MAR 2 2 2023			
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Office Use Only

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COVER LETTER



ARTICLES OF AMENDMENT				
то				
ARTICLES OF ORGANIZATION				
OF				
TRANSPORTA FREIGHT UC (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 onO1/25/2023 and assigned. Florida document number				
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 "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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:				

Name of New Registered Agent:	Adrian Fergus	<u>on</u>
New Registered Office Address:	Enter Florida street address	
	City	, Florida 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

or removed from our records:

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MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
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			□ Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated _	3/22/	. 2023	Л		
		Signature of a member or autorized	Apresedence of Linema		
		Typed or printed with	ne of silgrice	drian	taguson