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## COVER LETTER

TO:

Registration Section

Division of Cor	rporations			
	TVE TRANSPORTATION LE	.C		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing,		
Please return all correspo	ondence concerning this matter	to the following:		
	Gregory R Leb			
		Name of Person		
	COLLECTIVE TRANSPO	DRTATION LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	·:	
	4474 Coquina Drive			
		Address		2
	Jacksonville Beach, FL 32	250		· ;
		City/State and Zip Code		_
	stacym630@gmail.com		····	٠ د
		to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	all:		
Gregory R Leb		904 343-0665 at ()		
Name o	f Person	Area Code Daytimo	: Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Fiting 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 enclose	
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## COLLECTIVE TRANSPORTATION LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limit	ed Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number 1.23000118905	my were filed on March	7, 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			) .) 
			· · · · · · · · · · · · · · · · · · ·
			19 19
Enter new mailing address, if applicable:			···,
(Mailing address MAY BE A POST OFFICE BOX)	w mailing address, if applicable:  address MAY BE A POST OFFICE BOX)  ending the registered agent and/or registered office address on our records, enter the name of the new register l/or the new registered office address here:  Name of New Registered Agent:		
			.∵. <del></del> ⊖-
New Registered Office Address:  New Registered Office Address:	e address on our recor	ds, <u>enter the name</u>	of the new registered
	Enter Florida si	reet address	
	itted to amend the following:  enter the new name of the limited liability company here:  guishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  lices address, if applicable:  EMUST BE A STREET ADDRESS)  Seess, if applicable:  SEE A POST OFFICE BOX)  Stered agent and/or registered office address on our records, enter the name of the new registered gistered Agent:  City Zip Code  Signature, if changing Registered Agent:  City Torida  City T		
	•		Zip Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent o	gree to act in this capa are performance of my a as provided for in Chap	luties, and Lam fa ter 605, F.S. Or, ij	miliar with and f this document is

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Glenn Morningstar	12549 N ASHGLEN DR, Jacksonville, FL 32224	<b>=</b> Add
			□Remove
		<del>.</del>	□Change
MGR	Marshall Adkison	6140 Heckscher Dr. Jacksonville, FL 32226	<b>=</b> Add
			□Remove
		<del></del>	□Change □ - :
			□Ĵġdd
			Remove
			⊖n □Change
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in effective date is listed, the date n	he date of filing:nust be prior to da	ite of filling or more than 90 days after filling.) Pursuant to $60$	)5.020
ote: If the date inserted in this ecument's effective date on the	block does not meet the applicable Department of State's records.	statutory filing requirements, this date will not be lis	sted a
is filed.	ive date, but not an effective time.	at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
ited	2023		
	1 12		
		1 representative of a member	

Typed or printed name of signee