123000145296

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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
		9/11/23

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July 25, 2023

USBERT SULFRANC 1436 NW 208TH STREET MIAMI, FL 33169

SUBJECT: SULFRANC TRANSPORTATION SERVICE LLC

Ref. Number: L23000145296

We have received your document for and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

SEP 1 1 2023

Letter Number: 223A00016698

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SULFRANC TRANSPORT					
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appea bility Company)	ers on our record	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company we lorida document numberL23000145296	ere filed on _	March 22,	2023	_ and ass	igned
his amendment is submitted to amend the following:					
a. If amending name, enter the new name of the limited liabilit	ty company l	<u>iere</u> :			
he new name must be distinguishable and contain the words "Limited Liability	y Company," the	designation "LLC	or the abbre	eviation "L.	L.C."
Inter new principal offices address, if applicable:				2	
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	- · · -		
-				<u></u>	
				••••	,
nter new mailing address, if applicable:					- :- ,-
Mailing address MAY BE A POST OFFICE BOX)				— 60	
					
				N	
3. If amending the registered agent and/or registered office adegent and/or the new registered office address here:	ldress on our	records, <u>enter</u>	the name	of the nev	v <u>registe</u>
Name of New Registered Agent:					
New Registered Office Address:	Enter Fi	orida street addres	55		
		. F I	orida		
	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 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
MGR	Usbert Sulfranc	1436 nw 208th Street	&] Add
		Miami, Fl 33169	□Remove
			□Change
			□Add
			Remove
			Change
			Ω □Remove
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to da e: If the date inserted in this block does not meet the applicable	ate of filing or more than 90 days after filing.) Pursuant to 605.020 statutory filing requirements, this date will not be listed a
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, a filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
2	
ed <u>09/05/23</u> .	
ed D9/05/23. Signature of a member or authorized	
	d representative of a member
Signature of a member of authorized USGORT SUFFRE Typed or printed na	a-representative of a member