L23000175983

Office Use Only



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04/28/23--01012--000 **25.00

2021 AFR 25 FN 4: 29

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Corpora | ations | | |
|---|--|--|--|
| SUBJECT: Tem | ple Tran | SPOCETS | LLC |
| The enclosed Articles of Ame | endment and fee(s) are subn | nitted for filing. | 2 |
| Please return all corresponder | nce concerning this matter to | o the following: | 2023 AT- |
| | | W. Temple Name of Person | |
| - | Temple | Firm/Company | ers LIC? |
| - | 364 DIXS | Son St. | |
| (| Brange | City/State and Zip Code | Cayahou, cam |
| <u>.</u> | templeto | on sporters U | Cayahou, com |
| For further information conce | rning this matter, please ca | N: | |
| Ecnest W. Name of Per | | at (<u>386</u>) <u>204</u> Area Code Daytime 386 218 | 2684-cey Telephone Number - 0651-0FF(C |
| Enclosed is a check for the fo | llowing amount: | | |
| \$25.00 Filing Fee | 330.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| ∱ <u>Mailing Address:</u> Registration Sect Division of Corp P.O' Box 6327 | | Street Address: Registration Sec Division of Corp The Centre of T | porations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Temple Transporter | -s LLC |
|---|---|
| (Name of the Limited Diability Compa (A Florida Limited I | iny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000175983</u> | were filed on $4-10-33$ and assigned $\frac{1}{2}$ |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | oility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 364 Dixson St. Orange City, Fl. 3276 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Same as about |
| B. 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 register |
| Name of New Registered Agent: Diann | a L. House |
| New Registered Office Address: 1050 S | Enter Florida street address |
| Orange | City Florida 32763 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

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 | Ernest W. Temple | 364 DixsonSt Crange Cty, F | 3 L_XXdd |
| Mgr | Diama L. House | 1050 Skyline Luip, Crange Ci | い つ Change |
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| Signature of a member or authorized representative of a member | Signature of a member or authorized representative of a member $\frac{N}{N}$ | and April 2 | Ц, | 2623 | | | SUs. | |
| | Ernest W. Temple | / / ^ | 16-1 | , | | • | - | - • |
| | | <u>- 1/10</u> | 7/ | W. /c | MILE | annuch as | | |
| Fared III Iemale | | <u>-1110</u> | Signature of a r | nember or authorize | d representative of a | member | (A) | |