Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000182762 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

т	\sim	•
ı	v	-

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please*.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN .

ADDS LLS LLC

Certificate of Status 0 Certified Copy Page Count 04 Estimated Charge \$25.00

T. LEMIEUX

MAY 18 2023

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

÷

ADDS LLS LLC (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 on $\frac{04/24/23}{2}$ and assigned Florida document number L23000201473 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ADDS Transport LLC 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

, Florida

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
			□Add
			©Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		4.4889.4444	□Change
	****		□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□ Changa

). II amendi	ng any otner into	rmation, enter c	nange(s) nere:	(Attach additio	nal sheets, if ne	ecessary.)	

						•	
<u> </u>							

# 12 1131							<u></u>
	· · · · · · · · · · · · · · · · · · ·					·	
							
		 .					
_							
							
Note: If th	tate, if other than e date is listed, the date e date inserted in th s effective date on the	iis block does not n	neet the applicabl	e statutory filing	(op re than 90 days aff requirements, tl	tional) ter filing.) Pursuant to his date will not be	o 605.0207 (3): e list e d as the
the record specord is filed.	ecifies a delayed effi	ective date, but not	an effective time	i, at 12:01 a.m. o	n the earlier of:	(b) The 90th day	after the
Dated	May 17	,	. 2023				
		Ruleur Signature of a r	v jones	/			_
-		Signature of a r	member or authoriz	ed representative of	of a member		
			Robin Jone	S name of spynee			

· . .

Filing Fee: \$25.00