Ploride Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Fmail	Address:			



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: ADDS TRANSPORT LLC

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Corporate Filing Menu

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T. LEMIEUX

To 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		•
ADDS TRANSPORT LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) (ability Company)	
The Agricular of Commission of Constitution of the Constitution of Commission of Constitution	04/24/2023	
The Articles of Organization for this Limited Liability Company	were filed on	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 liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	o Company "the designation of 10"	
	ty Company, the designation line of the	raougyjanon E.E.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records, enter the m	ime of the new register
agent and/or the new registered office address here:	·	5. July 2
		<u>.</u>
Name of New Registered Agent:		
New Registered Office Address:		ڪ
	Enter Florida street address	-

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

Circ

Fax: 813436

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>	Name	Address	Type of Action
AMBR	Daskevicius, Aivaras	7901 4th St N STE 300	XAdd
		St. Petersburg, FL 33702	E.D.
			☐ Change
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			LJRemove
			□ Change
			iDAdd
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			Change

Tc 18506176383

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			. <u></u>
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ective date, if other tha	n the date of filing:		(optional)
n effective date is fisted, the da <u>te:</u> If the date inscrted in (te must be specific and cannot be pro-	or to date of filing or more that icable statutory filing requ	n ⁹⁰ days after filmg.) Pursuant to 605,0207 iroments, this date will not be listed as
cord specifies a delayed el is filed.	fective date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
1ed	2023		
- b 1-	Signature of a member openit		
こうしん たんかん	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	

Typed or printed name of signee