	(Requestor's Name)	
	(Address)	
	(1.00.000)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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Селіпеа Соріеѕ	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Set Division of Con			
SUBJECT: DOW	inthe Road Name of Lin	TANSPORT L.L.	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Deontae c	Name of Person	
		Firm/Company	
For further information o			1.Com_
Name o	f Person	at () Area Code Daytim	te Telephone Number
Enclosed is a check for the S25.00 Filing Fee	he following amount: □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy
Mailing Address Registration 9 Division of O P.O. Box 632	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T	(additional copy is enclosed) ction porations 'allahassee
Tallahassee,	P1, 52514	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Down The Ko	and Typians	PORT	L. LC			
(Name of the Limited	Liability Company Florida Limited Lia	v <mark>as it now appe</mark> ability Company)	ars on our records.	.)		
The Articles of Organization for this Limited Liab		vere filed on _	5.2.2	2 ar	nd assign	ied
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the Road LLC						
The new name must be distinguishable and contain the word	ds "Limited Liability	y Company," the	designation "LLC"	or the abbreviation(171)		-
Enter new principal offices address, if applicab	ole:			## <u>\$ 2</u> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AUG	II
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>			<u> </u>	<u>+</u>	
				<u> </u>		
				m _o	AM 10:	
Enter new mailing address, if applicable:				m <u>ed</u>	-	
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>				<u> </u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address b		dress on our	records, <u>enter tl</u>	he name of th	e new ro	egistere
Name of New Registered Agent:						
New Registered Office Address:						
•	Enter Florida street address					
_		Florida				
		City		Zip (Zip Code	
New Registered Agent's Signature, if changing Reg						
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as registe, being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete pared agent as progestered office a	erformance o ovided for in	f my duties, and Chapter 605, F.	l I am familia .S. Or, if this	r with a docume	ınd
·						

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Deontalanus	1903 4813 Ne West Apt A	Z /Add
		1903 48th we West Apt A Bradenton fr 34207	□Remove
			□ Change
			□Add
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ective date is l	isted, the date m	ust be specif	filing: ic and cannot be p	rior to date o	of filing or mo	ore than 90 days	optionar) after filing.) I	ursuant to 605.0
If the date in	serted in this	block does	not meet the ap	plicable sta	tutory filing	, requirements	, this date w	ill not be lister
ent s'effectiv	e date on the	Departmen	t of State's reco	ras.				
	delayed effect	ive date, bu	it not an effectiv	e time, at	12:01 a.m. o	n the earlier o	f: (b) The	90th day after
iea.								
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led.	W-	A -1-	·	·				
	Not	Ari Ja Signature	Mb of a member or a	uthorized re	presentative (of a member		

Filing Fee: \$25.00