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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor | porations | | | |
|-------------------------------|--|---|---|------------------|
| SUBJECT: TWO | TYMES Tro | ansportation | LLC | |
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | Jay Jon | Person Name of Person | | |
| | <u> </u> | Firm/Company | <u> </u> | |
| | 431 Toney | Penna Drive | . APT 131 | |
| | Jupiter FL | | | 7.3 |
| | | City/State and Zip Code | ·. : | |
| | | to be used for future annual report not | ξ, | |
| _ | oncerning this matter, please c | | fr fr | AH 8: 26 |
| Jay Jone | ≥ 5 f Person | at (484) 625 Area Code Daytin | - 8670 To Telephone Number | AH 8: 26 |
| Enclosed is a check for th | ne following amount: | | | |
| ¥\$25,00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate of Certified Cop (additional copy | l'Status & Dy |
| Mailing Addres Registration S | Section | Street Address: Registration Sc | | |
| Division of C P.O. Box 632 | | Division of Co The Centre of | • | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO TYMES TRANSPORTATION 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 v | were filed on 05 22 2023 and assigned | | |
|--|--|--|--|
| Florida document number <u>L230002493</u> 81 | · | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | | |
| Two Tymes Transport LL | <u>C</u> | | |
| The new name must be distinguishable and contain the words "Limited Liability | ty Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 431 toney penna drive | | |
| (Principal office address MUST BE A STREET ADDRESS) | Apt 131 33458 | | |
| | 0041101,10 00100 | | |
| Enter new mailing address, if applicable: | 431 toney penna drive | | |
| • | | | |
| Estating address Mill DE 111 OST OF FIELD DOTY | Jupiter FL 33458 | | |
| B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: | ddress on our records, <u>enter the name of the new registered</u> | | |
| Name of New Registered Agent: | | | |
| Nam Danistanad (Wina Address) | | | |
| New Registered Office Address. | Enter Florida street address | | |
| | in the second se | | |
| | Florida | | |
| | (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| A. If amending name, enter the new name of the limited liability company here: TWO TYMES Transport LLC." The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Principal office 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 regist agent and/or the new registered office address here: Name of New Registered Agent: 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 large to Son play with and accept the obligations 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 | | | |
| provisions of all statutes relative to the proper and complete p | performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if this document is | | |
| | | | |

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> | Address | Type of Action |
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| ective d | late, if oth | ter than tl | he date of oust be specif | filing: fic and ca | annot be | prior to d | ate of fili | ig or more | than 90 day | (option | nal) iling.) Pur | suant to | 605,020 |
| | | | block does Departmen | | | | : statutoi | y filing r | equiremen | ts, this | date will | not be | listed a |
| ecord spe is filed. | ecifies a del | layed effec | tive date, bu | ut not ai | n effecti | ve time, | , at 12:0 | a.m. on | the earlier | of; (b) | The 90 | th day a | fter the |
| ted <u>J</u> | <u> une</u> | 18 | nes Signature | | <u> 2</u> c | 24 | | | | | | | |
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Filing Fee: \$25.00