L23000253663

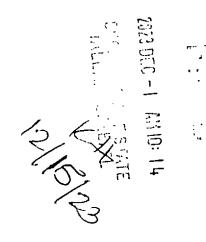
| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates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



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| 1 | • | COVER LETTE | K i | | |
|---|---|---|-----------------|--|-----------|
| TO: Registration Secti Division of Corpo | | | | | |
| SUBJECT: | ROCKIN R TO Name of Lim | ansport LLC ited Liability Company | | | |
| | nendment and fee(s) are sub- | _ | | | |
| Please return all correspond | ence concerning this matter | to the following: | | | |
| | | Name of Person | | | |
| | Rx | Kin R Transpor | a lic | . <u></u> | |
| | 7992 | County Road 1 | 192 | | |
| | Live | Dak, FL 3201 City/Slate and Zip Code | i O | | |
| | | ess _ h + @yahui to be used for future annual | | | 2023 05.0 |
| For further information con | cerning this matter, please ca | all: | | : | |
| Name of P | erson | at () Area Code | Daytime Telepho | one Number () | AH 10: 1 |
| Enclosed is a check for the | following amount: | | | เที | £ |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee Certified Copy (additional copy is en | | \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en | itus & |
| Mailing Address: | ntian. | Street A | ddress: | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Rockin R | Transport Lu | <u></u> | | |
|--|---|----------------------------|--------------------|----------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | <u>ny as it now appears o</u> Liability Company) | on our records.) | | |
| he Articles of Organization for this Limited Liability Company lorida document number <u>L 23000253663</u> . | were filed on | 5/23/2023 | 3 and assig | ned |
| his amendment is submitted to amend the following: | | | | |
| If amending name, enter the new name of the limited liabi | ility company here | : | | |
| he new name must be distinguishable and contain the words "Limited Liabili | ity Company," the desi | gnation "LLC" or the a | abbreviation "L.10 | <u></u> |
| Inter new principal offices address, if applicable: | 7992 (| ounty Road | 252 | |
| Principal office address MUST BE A STREET ADDRESS) | Live Oak | ounty Road , FL 32000 | | |
| | | | | |
| Inter new mailing address, if applicable: | San | ne | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | 20 | |
| | | | 7 3 - 1 U | - [] |
| 3. If amending the registered agent and/or registered office a | ddress on our ross | urde antar the nar | në of the new r | maan Lasa normatomod |
| gent and/or the new registered office address here: | | rus, enter the har | AHIO: | |
| Name of New Registered Agent: | | <u> </u> | 75 <u>-</u> | |
| New Registered Office Address: | 7992 Coun Enter Florida | hy Road 25. street address | 2 | |
| Live Oak | ! | , Florida | 32060 | |
| | City | · — | Zip Code | |
| lew Registered Agent's Signature, if changing Registered Agent: | | | | |

3.

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

| If amending or removed | Authorized Person(s) authorized to from our records: | manage, enter the title, name, and address of ea | ach person being ad |
|---------------------------|--|--|---------------------|
| MGR = M: AMBR = Ai | anager uthorized Member | | |
| <u> </u> | Name | <u>Address</u> | Type of Action |
| MGR AMBR | Shawn P. Ross | 7992 County Rd 252 | XAdd |
| | | 7992 County Rd 252 Live Dak, FL 32060 | □Remove |
| | | | □Change |
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| ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 or El fit he date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records. For dispectifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlified. | | |
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| ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing/or more than 90 ce. If the date inserted in this block does not meet the applicable statutory filing requirement is effective date on the Department of State's records. | | |
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| rord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli filed. | (optional) ys after filing.) Pu nts. this date will | sizani to 605.020 |
| | of: (b) The 90 | th day after the |
| ed 11/29/2023 | | |
| | | |
| Signature of a member or authorized representative of a member | | |
| | | |