L 23000345912

(Re	questor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
/D.:	siness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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COVER LETTER

TO: **Registration Section Division of Corporations** Bryant's Transportation LLC SUBJECT: _____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Bernard Bryant Name of Person Firm/Company 2840 moonlight cove lane Apt. 103 Address Lakeland,Fl 33810 City/State and Zip Code Bernardbryant4300@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bernard Bryant Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

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

Bryant's Transportation LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(Name of the Limi	(A Florida Limited	Liability Company)	cords.)
The Articles of Organization for this Limited I. Florida document number L23000345912	iability Company	were filed on July 21, 2023	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
Spicy Fork LLC			
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	Not Applicable	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		Not Applicable	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	ss here:		iter the name of the new registered
Name of New Registered Agent:	Not Applicable		
New Registered Office Address:			
		Enter Florida street aa	ldress
			, Florida
		City	Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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
4 8 / 13 13 -	A 41 I

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Not Applicable		□Add
			□Remove
			□ Remove
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Not Applicable				
				
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ctive date, if other than the d	ate of filing:		(optional)	
effective date is listed, the date must be: If the date inserted in this block				
iment's effective date on the Dep				
ord specifies a delayed effective filed.	date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The	90th day after th
November 21	2023	,		
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