





10,41,-123--01029--003 **30,85



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Co	rporations			
SUBJECT.	Tambert Ti	ransport LLC			
Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
		ondence concerning this matter	-		
		Alberto Santos			
			Name of Person		
		Tambert Transport LLC			
			Firm/Company		
		905 Hollow Pines Rd			
			Address		
		Orlando FI 32825			
			City/State and Zip Code		
		asantos 177@gmail.com			
			to be used for future annual report	notification)	
For further in	iformation c	concerning this matter, please c	all:		
Alberto Santos		321 279-070	6		
Name of Person			ytime Telephone Number		
Enclosed is a	check for th	he following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ling Addres		Street Address Registration		
Div	rision of C	Corporations	Division of	Division of Corporations	
P.O	Box 632	.7	The Centre of	of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tambert Transport LLC

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

(A Fix)	ida Emitted Enablity Company)	3/1/2
The Articles of Organization for this Limited Liability	Company were filed on 07/31/2023	and assigned
Florida document number L23000360341		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Tambert Flooring LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET AD	DRESS)	
	 	_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe		he name of the new regis
agent and/or the new registered office address here	2:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	Flo	
	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	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Add
			Remove
			Change
		-	\ _Add
			🗀 Remove
			□Change
			Remove
			□Change
			Remove
			□ Change
			□ Remove
			□ Change

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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the December 2015.	lock does not meet the ap	plicable statutory filing r	(optional) e than 90 days after filing. requirements, this date) Pursuant to 605.0207 (3 will not be listed as th
ne record specifies a delayed effectivord is filed.	e date, but not an effectiv	/e time, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
Dated October 10	2023	<u> </u>		
	211 11	/		
<i></i>	Mour Se	uthorized representative of	a member	
Alberto Santos	MUM He Signature of a member or a	nuthorized representative of	a member	