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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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COVER LETTER

TO: Registration S Division of Co			
subject: <u>В</u> Гад	K Line transporta	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rica	Roly Cardo Name of Person	
	Black line	transportation /10 Firm/Company	
	286 lake me	Address	
	Baynlan benc	City/State and Zip Code	<u></u> .
	Black In fransfa E-mail address: (to be used for future annual report noti	fication)
For further information (concerning this matter, please c		
Ricandy (Caicles of Person	at (954) 600-7 Area Code Daytim	25/6 e Telephone Number
Enclosed is a check for t	he following amount:		
(1)\$25.00 Filing Fee	☐ \$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 (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Black line trasn Portation	1 (IC
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records) conted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>LJ3000 367 001</u> .	pany were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Black line transfortation UC The new name must be distinguishable and contain the words "Limited	Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u>S)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
. 	, Florida
	City Zin 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 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>	Name	Address	Type of Action
			□ Add
			Remove
			□Change
			□ Add
			□Remove
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			□Remove
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			Change

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reffectiv <u>te:</u> If th	late, if other than the date of filing:	020 d a
cord sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ed	12/02/23	
	Signature of a member or authorized representative of a member	