123000498802

(Re	equestor's Name)	
(Ad	ldress)	-
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/Bu	siness Entity Nam	
DO)	Siliess Chary Naii	ie)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

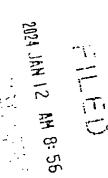




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12/01/23--01019--011 **43.75

LLC Amend



f. Line

A. RAMSEY JAN 77. 2024

¥00789, 00524, 00671



January 12, 2024

DEVOURIS MEANS BY ANY MEANS TRUCKING LLC 1437 GARDENIA AVE FORT MYERS, FL 33916

SUBJECT: BY ANY MEANS TRUCKING LLC

Ref. Number: L23000498802

We have received your document for BY ANY MEANS TRUCKING LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 623A00028633

Annette Ramsey OPS

www.sunbiz.org

COVER LETTER

Division of Corpor	rations			
SUBJECT: BY A	Means Name of Limit	rucking ill	C	
	nendment and fee(s) are submence concerning this matter t			
riease retuin an corresponde	ince concerning this matter t	o me ionowing.		
	Devouris	Means Name of Person		
	By Amy Mea	Firm/Company	ندر	
	1437 Gaya	Address		
	Fort Myers	S , Florida City/State and Zip Code	33916)
	E-mail address: (t	o be used for future annual re	eport notification)	
For further information con-	erning this matter, please ca	dl:		
Name of Pe	5 Means	at (<u>389</u>) Area Code	778 - 3 Daytime Telepho	ne Number
Enclosed is a check for the t				
□ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ado	dress:	

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

TO:

Registration Section

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

FILED

2023 1831 10

By Any Me (Name of the Limited	Liability Compa Florida Limited	iny as it now appears on o	our records.)	AM 8: 56
The Articles of Organization for this Limited Lial		were filed on $\frac{11/\zeta}{\zeta}$	02/2023	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	ov)			
Comming manicus Mari DE 11 (VD) Of Tice D	<u>0.0</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our record	is, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida str	vet address	
			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 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
AMBR	Devains Means	1437 Gardenia Ave	XQdd
		1437 Gravalenia ALL Fort Myers, Fl 33916	□Remove
			□Change
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ffecti	ve date, if other than the date of filing: 01/15/2004 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
un effi ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
an efforce: ocum record	d specifies 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.
an efforce: ocum record	d specifies 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.
an efforce: ocum record	ent's effective date on the Department of State's records. d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
'an effe locum record d is fil	d specifies 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.

Filing Fee: \$25.00