To:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001116943)))



**********		rill generate another cover sheet.	
To:			•
10.	Division of Co	rporations	
		: (850)617-6383	<u>.</u> -
From:			
	Account Name	: TRUCKING PERMITS AND MORE LLC	•
	Account Number	: I20140000047	
		: (813)774-4726	
	Fax Number	: (813)877-2186	
nter the e	email address fo	or this business entity to be used 1	for fu
annual	report mailings	. Enter only one email address plea	se.**

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RED92 TRANSPORT LLC

Certificate of Status	Ü
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MAR 2 8 2024

### **COVER LETTER**

TO: Registration Se Division of Cor			٠
	ANSPORT LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROLDAN E. DOMINGUE	<b>:</b> 7.	
		Name of Person	
		Bar	
		Firm/Company	
	14504 NW 87 PL		
	<del> </del>	Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI LAKES, FL 3301	8	
		City/State and Zip Code	
	red92llc@gmail.com	(to be used for future annual report no	Nification)
For further information of	concerning this matter, please c	-	Mineamony
ROLDAN E. DOMING		786 342-9068	
Name (	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (*dditional copy is enclosed)
Mailing Address	is:	Street Address: Registration S	ection
Registration : Division of C		Division of Co	orporations
P.O. Box 632	7	The Centre of	
Tallahassee, I	*L 32314	2415 N. Monr	oe Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RED92 TRANSPORT LLC				
(Name of the Limited Linhility Co. (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)	<del></del>	
The Articles of Organization for this Limited Liability Comparing document number <u>L24000009552</u>	any were filed on FLORIDA		and assigned	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited !	iability company here:			
The new name must be distinguishable and contain the words "Limited L	lability Company," the designation	"LLC" or the abbrev	ristion "L.L.C."	<del></del>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	)		024	
		<u> </u>	<u> </u>	4
		: -	?	
Enter new mailing address, if applicable:		5	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
(Braining agaress HAT BE A TOST OF FICE, BOX)		•	ထဲ	
			<u>~</u>	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records,	enter the name o	the new reg	
New Registered Office Address:	Enter Florida street	endelmass		
<del></del>	City	, Florida	Zîp Code	
New Registered Agent's Signature, if changing Registered Ag	ent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacit lete performance of my dut as provided for in Chapter	ies, and I am fam :605, F.S. Or, if i	illiar with ar his documer	ıd
If	Changing Registered Agent, Sign	nture of New Regist	ered Agent	_

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action Address Title Name. 14504 NW 87 PL, MIAMI LAKES, FL 33018 MGRM DOMINGUEZ, ROLDAN \_ □ ∧dd \_\_\_\_\_ Change \_\_\_\_\_ 🗀 Remove \_\_\_\_\_ Change \_\_\_\_\_ □ Remove □Add \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove

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	w	
Effective date, if other than the date	of filing:	(optional)
If an effective date is listed, the date must be sp Note: If the date inserted in this block d document's effective date on the Departs	cific and cannot be prior to date of filing or not meet the applicable statutory fent of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 iling requirements, this date will not be listed as
e record specifies a delayed effective date ord is filed.	but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day after the
Dated March 22	2024	
	177	
Sign	ire of a member or authorized represent	ative of a member

Filing Fee: \$25.00