

L241000075349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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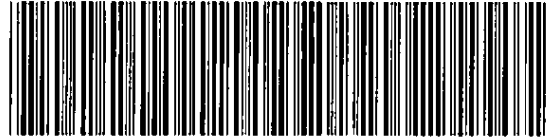
(Business Entity Name)

(Document Number)

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2024 FEB 26 AM 11:30
SEC. OF STATE
TALLAHASSEE, FL

FEB 26

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAKY TRANSPORTS LLC

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:

DIANNA SNERLING

Name of Person

Firm/Company

2824 EAGLE HAVEN DRIVE

Address

GREEN COVE SPRINGS, FLORIDA 32043

City/State and Zip Code

teaky2265@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANNA SNERLING

904

707-7372

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

2004 FEB 26 PM 11:30
STATE
OFFICE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TEAKY TRANSPORTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 12, 2024 and assigned
Florida document number L224000075349.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 ADDRESS)

Dianna E. Snerling
2824 Eagle Haven Dr.
Green Cove Springs, 32043

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Dianna E. Snerling

New Registered Office Address:

2824 Eagle Haven Dr. Green Cove ~~Dr.~~

Enter Florida street address

Green Cove Springs, Florida 32043

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.

Dianna E. Snerling
If Changing Registered Agent, Signature of New Registered Agent

2024 FEB 12 PM 11:31
FLORIDA STATE

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ELVIS SNERLING	2824 EAGLE HAVEN DRIVE	<input type="checkbox"/> Add
		GREEN COVE SPRINGS, FLORIDA 32043	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIANNA SNERLING	2824 EAGLE HAVEN DRIVE	<input checked="" type="checkbox"/> Add
		GREEN COVE SPRINGS, FLORIDA 32043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE

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272-4713-26 11:31 AM
FBI
RECEIVED

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____

Signature of a member or authorized representative of a member

Typed or printed name of signee