

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | idress)            |             |
| bA)                     | idress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | rsiness Entity Nan | ne)         |
| (Do                     | cument Number)     | <del></del> |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer     |             |
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## **COVER LETTER**

|                            | tration Section<br>on of Corpora  |  |  |   |   |
|----------------------------|---|--|--|---|---|
| SUBJECT: _                 | ITS   | EX PRESS   | S TRANS  | ue  |   |
|                            |   | ndment and fee(s) are sub                            | _  |   |   |
|                            | _   |  | MO PACE<br>Name of Person                                  | 7]  |   |
|                            | _   | DTS EXP  | Firm/Company   | ans c   | ue  |
|                            | -   | B VALGA<br>DELRAY<br>SAFETY C:<br>E-mail address: (1 | Address  |   | <del></del>   |
|                            |   | DELRAY   | BEACH City/State and Zip Co                                | , PL  | 33446   |
|                            |   | SAFETY @:  | ITSEXPRE o be used for future annu                         | SATEAL ual report notifica  | US. com   |
| For further info           | rmation concer  | ning this matter, please ca                          |  |   |   |
| NANC                       | Y 910 Name of Person  | PACES On   | at ( <u>908)</u><br>Area Code                              | 966 -<br>Daytime Te   | -0576<br>elephone Number  |
| Enclosed is a ch           |   | J  |  |   |   |
| S25.00 Filir               | 94  | \$30.00 Filing Fee &<br>Certificate of Status        | \$55.00 Filing Fe<br>Certified Copy<br>(additional cupy is |   | C \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Regiss<br>Divisi<br>P.O. E | g Address:<br>tration Section<br>on of Corpo<br>Box 6327<br>nassee, FL 32 | rations  | Regis<br>Divis<br>The C<br>2415                            | Address:<br>stration Section<br>ion of Corpor<br>Centre of Tall:<br>N. Monroe Sinassee, FL 32 | rations<br>ahassee<br>treet, Suite 810  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ITS EXPRESS TRANS   | s (                       | ce                     |   |                       |                        |                                |
|---|---------------------------|------------------------|---|-----------------------|------------------------|--------------------------------|
| (Name of the Limited Liability Compan<br>(A Florida Limited Li  | ıy aş it ne<br>iability C | ow appea<br>ompany)    | rs on our rec                           | ords.)                |                        |                                |
| The Articles of Organization for this Limited Liability Company v<br>Florida document number <u>L240009602</u> 8.   | were file                 | ed on                  | 02/2                                    | 3/2                   | <u> </u>               | and assigned                   |
| This amendment is submitted to amend the following:   |                           |                        |   |                       |                        |                                |
| A. If amending name, enter the new name of the limited liabil   | lity con                  | npany h                | ere:                                    |                       |                        |                                |
| The new name must be distinguishable and contain the words "Limited Liability   | ty Compa                  | any," the              | designation "                           | LLC" or th            | ne abbrevit            | ation "L.L.C."                 |
| Enter new principal offices address, if applicable:   |                           |                        |   |                       |                        |                                |
| (Principal office address MUST BE A STREET ADDRESS)   |                           |                        | · - · · · · · · · · · · · · · · · · · · |                       |                        | <u> </u>                       |
|   | <del></del> -             |                        |   | <del></del>           |                        | 2021                           |
| Enter new mailing address, if applicable:   |                           |                        |   |                       | -                      | 12Fe<br>+ == 1                 |
| (Mailing address MAY BE A POST OFFICE BOX)  |                           |                        | -                                       |                       |                        | <u> </u>                       |
|   | -                         |                        |   |                       |                        | <u> </u>                       |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:   | ddress                    | on our i               | ecords, <u>en</u>                       | ter the r             | name of t              | the new registered             |
| Name of New Registered Agent:   |                           | <del></del>            |   |                       |                        |                                |
| New Registered Office Address:  |                           |                        |   |                       |                        |                                |
|   |                           | Enter Flo              | rida street ad                          | dress                 |                        | ··· <u>·</u>                   |
|   |                           |                        | ,                                       | Florida               | ı                      |                                |
| New Parisoned Arrests Cl., 1977   | City                      |                        |   |                       | Zi                     | p Code                         |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree convisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as properties the obligations of my position as registered agent as properties to merely reflect a change in the registered office of company has been notified in writing of this change. | versurm<br>rovided        | iance of<br>l for in ( | my aunes<br>Chapter 60                  | , and 1 a<br>95, F.S. | im famit<br>Or, if thi | iar with and<br>'s document is |
|   |                           |                        |   |                       |                        |                                |

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 |
|--------------|------------------|--|----------------|
| Anbe         | LOIS FAME BUTHER | 2 FON                                  | <b>L</b> Add   |
|              |                  | 2016 GIRARD AVE<br>CHEGAPEAKE, VA 2332 | □Remove        |
|              |                  | CHEGAPEAKE, UA 2332                    | }_□Change      |
|              |                  |  | □Add           |
|              |                  |  | Remove         |
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|              |                  |  | Change         |

| E. Effective date, if other than the date of filing:  (If an effective 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 (3 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.  If the record 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 record is filed.  Dated Ob 31 D4  Signature of a member of unsubstated representative of a member WANCH MORAGES |                          | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                      |
|--|--------------------------|--|
| 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.  If the record 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 ecord is filed.  Dated  |                          |  |
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| Dated 03 31 34  Signature of a member of a member  | Note:                    | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| Signature of a member of authorized representative of a member   | If the recordecord is fi | rd 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 led. |
| , , , , , , , , , , , , , , , , , , ,  | Dated                    | 03/31/24   |
| , , , , , , , , , , , , , , , , , , ,  |                          | Signature of a member of authorized representative of a member   |
|  |                          |  |

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