

## L34000118667

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Special Instructions to	Filing Officer.	
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Office Use Only



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SECULTARY OF STATE

## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC	Donkor Tru	ocking Alliance LLC		
SOBJEC	-1+ <u></u>	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		April McReynolds		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Donkor Apex Alliance LL	С	
			Firm/Company	
		3539 Whitetail Lane		
			Address	
		Pensacola Fl 32526		
			City/State and Zip Code	
		donkorapexalliance@gmail E-mail address: (	.com to be used for future annual report	notification)
For furth	er information c	oncerning this matter, please ca	,	,
April M	cReynolds		850 7869212	2
	Name o	f Person	at () Area Code Da	ytime Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ <b>\$2</b> 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C	Section Corporations		Section Corporations
	P.O. Box 632	!7	The Centre of	of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Donkor Trucking Alliance LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 03/08/2024	and assigned
Florida document number L24000118667		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Donkor Apex Alliance LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		2024 Sign
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		3 - W
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nter new mailing address, if applicable:		OF S
Mailing address MAY BE A POST OFFICE BOX)		그를 -
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is
		orida
	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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
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			Remove
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lf an effect <u>Note:</u> If	t date, if other than the date of filing:  [10/28/2024]  [
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 28th 2024  M. Reyndd
Dated	October 28th 2024  M of Comparison of a member of authorized representative of a member

Filing Fee: \$25.00