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Special Instructions to	Filing Officer.	
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/20/2024

NAME:

REINHARDT TRANSPORT LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Se Division of Cor			
	- usport LLC - Updating- Listed the owner	r as an authorized agent incorrectly,	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Teresa Reinhardt		
	-	Name of Person	
	Reinhardt Transport LLC		
		Firm/Company	
	2134 Redleaf Dr		
		Address	
	Brandon FI 33510		eo."↑
		City/State and Zip Code	STATE 24
	tnttransport24@gmail.com	to be used for future annual report notif	ication) FAI :
			(1)
For further information of Teresa Reinhardt	concerning this matter, please c	aii: 813 601 5151	
rejesa Kenniarut	_	at ()	<u> </u>
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reinhardt Transport LLC			
(Name of the Limited Linbility (A Florida L	Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co. L24000126525 Florida document number	mpany were filed on	·	_ and assigned
amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbut new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The accuracy must be distinguishable and contain the words "Limit	ted Liability Company" the design	nation "I I C" or the abb	reviation "L.T.C."
He her hame must be distinguishable and commit are words. Diffin	or meaning dampany, and addig		
Enter new principal offices address, if applicable:	<u></u>		• • •
Principal office address MUST BE A STREET ADDR	ESS)		55
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Enter new mailing address, if applicable:	 .		2
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered	l office address on our rec	ords, enter the nam	e of the new re
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:		·	
<u> </u>	Enter Floria	da street 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 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 i 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 Address Type of Action <u>Title</u> <u>Name</u> 2134 Redleaf Dr Brandon Fl 33510 MGR Teresa Reinhardt ■Add ____ 🗆 Remove ____ Change 2134 Redleaf Dr Brandon FL 33510 AMBR Teresa Reinhardt _____ 🗏 Add __ □Remove <u>⇔</u> □ Change ्रें ∰ □Add □Řemove Change _____ □Add _____ Remove _____ □Change \square \square Add _____ □Remove _ □Change __ □Add

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Signature of a member or authorized representative of a member	3/19/24			—-V-	A	_·			•		
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Filing Fee: \$25.00