1240000242082

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

ARK Transport Services LLC SUBJECT: _ 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: Kavsha Lall Name of Person ARK Transport Services LLC Firm/Company 2814 SE 28th Street Address Ocala, Fl 34471 City/State and Zip Code arktransportserviceslle@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kaysha Lall Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **\$60.00** Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARK Transport Services LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{124000242082}{124000242082}$.	y were filed on 5/24/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	
Inter new principal offices address, if applicable:		2024 TAL
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		E SE
Mailing address MAY BE A POST OFFICE BOX)		Σ 2
		مند
If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new regis
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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 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>	<u>Address</u>	Type of Action
MGR	Jeffrey Lail	2814 SE 28th Street	≣ ∧dd
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effortivo dato if other the st	5/24/24		
I an effective date is listed, the date m	ust be specific and cannot be prior	r to date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 605.020
Note: If the date inserted in this i	block does not meet the applic	cable statutory filing require	ments, this date will not be listed as
document's effective date on the .			
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document's effective date on the learning of t	ive date, but not an effective t	ime, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after the
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