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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations			
SUBJECT: Hotaling	Name of Limi	CtGtich LLC ited Liability Company	
The enclosed Articles of Amendment a	nd fee(s) are sub	mitted for filing.	
Please return all correspondence concer	ning this matter	to the following:	
Ster	ndia )	Name of Person	
Hota	ing tra	nspectation U	
585	S DIXITE	Hay Suite 5	WPB FL 33405
	N . A	City/State and Zip Code	
138 HG	TAUA T E-mail address: (t	to be used for future annual report noti	fication)
For further information concerning this	matter, please ea	all:	
Steixla Misam. Name of Person	+	at ( <del>EX.C.1</del> ) 673 C Area Code Daytim	S 941 ne Telephone Number
Enclosed is a check for the following an	nount:		
\$25.00 Filing Fee \$30,00 f	Filing Fee & cate 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		Street Address: Registration Se Division of Co	
P.O. Box 6327		The Centre of T	Tallahassee
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10talia transla (Name of the Limited Liabili (A Florid	ity Company as it now appears on ou a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on Jory	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	2
Hotaling transportation The new name must be distinguishable and contain the words "Lin	110	48
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
	<del></del>	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records	. <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	rt address
<u></u>	<u>.</u>	, 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 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

	I missed spelled the business raine
	Hotaling is the Current Spelling
_	Hotailing is incorrect please
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Note:	ve date, if other than the date of filing:
e record rd is fil	d 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 <sub>.</sub>	Signature of a member or authorized representative of a member
	Signature of a memoer of authorized representative of a memoer
	Handia Misant

Filing Fee: \$25.00