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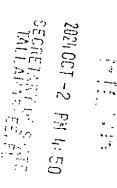
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
JENNIFER SUBJECT:	SHIRES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARLA COPELAND ES	ГҮ	
		Name of Person	
	ADVANCED BUSINESS	CONNECTIONS LLC	MADOT -2 PH W. SU SEGRETARY CERESTA
		Fim/Company	
	P O BOX 2066		E PR
		Address	
	HIGH SPRINGS FL 3265:	5	
		City/State and Zip Code	
	easytax@windstream.net	- 1 × 2	
		to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ea	all:	
MARLA COPELAND F	ESTY	386 454-8959 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 Address Registration		Street Address: Registration Sec	tion
Division of Corporations		Division of Corp	porations
P.O. Box 632 Tallahassee,		The Centre of Ta	allahassee Street, Suite 810
rananassee,	: 12 2/42/17	ATTO IN. MORIOC	onect. Suite 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JENNIFER SHIRES LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 08/01/2024	and assigned
Florida document number L24000342080		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
SHIRES TRANSPORTATION LLC		د_
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC"	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		CRE 1
(Principal office address MUST BE A STREET AD	DRESS)	27 2
		min =
Enter new mailing address, if applicable:		一
(Mailing address MAY BE A POST OFFICE BOX)		, (1)
	-	
		·
B. If amending the registered agent and/or registo		the name of the new registered
agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
ivew registered office riddress.	Enter Florida street address	;
	Fla	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
			□Remove
			□Change
			□Add
			SECRET DRemove
			Change Change
			☐ ☐Remove
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<u>lote:</u> If	the date inserted in t	this block does not	meet the applic	able statutory fil		fter filing.) Pursuant to 6 this date will not be li	
ocumen	nt's effective date on	the Department of	'State's records	•			
record :	specifies a delayed e	ffective date, but no	ot an effective t	ime, at 12:01 a.n	n, on the earlier of:	(b) The 90th day af	ter the
l is filed	d.						
	SEPTEMB	ER 16	7024				
ated				<u> </u>			
ated	1	/ N.					
ated	SEPTEMB JAMA	Signature of	a member or auth	orized representat	ve of a member		

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Filing Fee: \$25.00