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## **COVER LETTER**

TO:	Registration Sec Division of Corp				
	Coley Ltd T	ransport. Inc			
SUBJ	ECT:	Name of Limit	ed Liability Company		
		Amendment and fee(s) are subn			
Please	return all correspon	ndence concerning this matter t	o the following:		
		Charles N. Coley III			
			Name of Person		
			Firm/Company		
		41 N Palermo Ave			2021
		Orlando, FL. 32825	Address		SEP 10
		coleyltdtransport@gmail.co			PH 3:
		E-mail address: (t	to be used for future annual report notifi	ication)	77. 6
For fi	irther information c	oncerning this matter, please co			. 647
Char	les N. Coley III		786 350-6772at ()	Telephone Number	
	Name o	o'Person	Area Code Dayone	, cocp	
Enclo	nsed is a check for the	he following amount:			
	325.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coley Ltd Transport, Inc.		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 1.24000354917	Company were filed on August 13, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
Coley Ltd Transport, LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable:		SECKE STP.
(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:	ed office address on our records, <u>enter t</u> :	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
<del></del> -	City	rida Zıp 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
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