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(I	Requestor's Name)
(,	Address)
	Address)
(0	City/State/Zip/Phone #)
	☐ WAIT ☐ MAIL
(1	Business Entity Name)
 	
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer
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	J. HORNE
	JAN 2 7 2025

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:C1	RCLE M TRANSP Name of Limi	ted 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:	
	MICHAE	L BATTERSON Name of Person	
		Name of Person	
	CIRCLE M	TRANSPORT LLC	
		TRANSPORT LLC Firm/Company	
	7095 RANC	-HERO CT Address	·
		Address	
	SAINT CLOUL	FL 34771	
	mbatterson 7	City/State and Zip Code 095 e. gmail. com to be used forwature annual report notifi	cation)
For further information of	concerning this matter, please co		
MICHAEL	BATTERSON	at (<u>407</u>) <u>967- 0</u> Area Code Daytime	9918
Name o	of 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)	\$\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 TOARTICLES OF ORGANIZATION OF

CIRCLE M TRANSPORT

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The long of the second Florida document number L24000478983 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Circ

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>	Name	Address	Type of Action
AMBR	MICHAEL BATTERSON	7095 RANCHERO CT.	X \dd
		SAINT CLOUD, FL 34771	□Remove
			□Change
		 	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
	- <u></u>		🗆 Add
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an effective date	if other than the is listed, the date mus e inserted in this blo	t be specific and	cannot be prior to		nore than 90 day		
	ctive date on the De						
record specifies his filed.	s a delayed effectiv	e date, but not a	an effective tin	ne, at 12:01 a.m.	on the earlier	of: (b) The 90)th day after the
ated <u>12</u>	5/303 4360		2024		//		
	<u>-</u> _				//		
	hn360	Signature of a m	iember or author	ized representativ	e of a member		<u>-</u>

1212 12 035 00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	TRANSPORY LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
,,,	
The Articles of Organization for this Limited Liab	ility Company were filed on 11/12/2024 and assigned.
Florida document number <u>L2400047898</u>	<u>33</u>
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	te limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	2x)
	istered office address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address	<u>1ere</u> :
	•
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Liner i iorida sireel adaress
	City Zip Code
New Registered Agent's Signature, if changing Reg	ristered 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>	Address	Type of Action
AMBR	MICHAEL BATTERSON	7095 RANCHERO CT.	>≪Add
		SAINT CLOUD, FL 34771	🗆 Remove
			□Change
			🗆 Add
			□Remove
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ffecti	ive date if other than the date of filing:
voic:	ive date, if other than the date of filing:
record 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.
ated	12/5/202 2024. Milton Thurst Hand
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

. . .

Filing Fee: \$25.00