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ALLAHASSEE, FLORIE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company No. Transportation, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gerald Nolasco Name of Person
N.V. Transportation & Logistics, LLC
10635 Portofino Circle
10635 Portofino Circle Address Trinty FL 34655 City/State and Zip Code 1ris_no/asc O yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cerald Wolgs Co at (727) 236-6286 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ (addi
MAILING ADDRESS: STREET/COURIER ADDRESS: Pagintentian Section Pagintentian Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N.V. Iran	sportation, LL	<u> </u>
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our reco imited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on April 13, 39663	2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit The new name must be distinguishable and end with the word "L.L.C."	rtation & Lo	gistics, LLC pation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2011 FALL
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NRI OF STATE SSEE, FLORIDS
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

)

MGR = Manager MGRM = Managing Member Title **Name Address Type of Action** ☐ Add Remove ☐ Add Remove ☐ Remove Remove ∏Add __ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00