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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Name of Lim	nspectation ited Liability Company	<u>LL(</u>
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Re	Loca Espiv	1029
		Firm/Company	
	11811	Address 12 + C	Τ
		Wi FL 3318 City/State and Zip Code	
-	Yebeca. E-mail address: (C. ESPINOZA © to be used for future annual report notific	cation) com
For further information conc	erning this matter, please ca	all:	
Rebecy Name of Pe	ESPINOZO	at (<u>J&b.)</u> <u>658</u> Area Code Daytime	- 9312. Telephone Number
Enclosed is a check for the fo	ollowing 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)
N. W. A.11		Samue 4 dd	

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

SAR Transpor	Hation LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>LD10006453</u> .L	were filed on2 05 21	21 Assigned 6.25 Co. 1.1. Co.
This amendment is submitted to amend the following:		P
A. If amending name, enter the new name of the limited liabil	ity company here:	3: 38
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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)	1181 NW Miami FL	127 Tb (T 33182
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1181 NW 1 Migmi FL	27+b (T 33187
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. 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 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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