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COVER LETTER

то:	Registration So Division of Co			·	
en buc		NSPORTATIONS LLC			
SUBJEC	CT:		nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
		ondence concerning this matter	•		
		JOSE CHACIN			
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
			Firm/Company		
			Address		
		4148 SHERLOCK CT			
		ORLANDO, FL 32824	City/State and Zip Code		
Kar faret	ur information e	E-mail address: (concerning this matter, please c	to be used for future annual report notitie	ation)	
JOSE C		soncerning this matter, piease c	813 368-6806		
	Name o	of Person	at ()	Celephone Number	
Enclosed	l is a check for t	he following amount:			
■ \$2 5.	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 : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Tallahassee, FL 3	ion APP Tractions Ilahassee Street, Suite 810	<i>(</i>)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCM TRANSPORTATIONS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/04/2021}{1}$ ___ and assigned Florida document number ^{1,21000105796} 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 City 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 \Box 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 inbility 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
MGR	JOSE CHACIN	4148 SHERLOCK CTORLANDO, FL 32824	■Add
			□Remove
			□Change
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	04/10/2021
ecti i cili	ve date, if other than the date of filing: 04/10/2021 (optional) (ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
te:	ent's effective date on the Department of State's records.
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Filing Fee: \$25.00