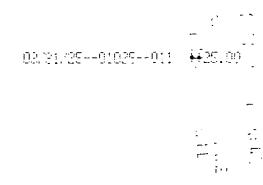
L21000118143

(Reque	estor's Name))
(Addre	ss)	
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PICK-UP	WAIT	MAIL
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	' ')

Office Use Only



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COVER LETTER

	istration Sc ision of Cor				8	
	TRANSFE		٧ ,	. •		
SUBJECT:		Name of Lin	nited Liability Company			
The analogod	Artislae of	Amendment and fee(s) are sul	amittad for filing			
			-			
r icase teturii	an correspo	ndence concerning this matter	to the following:			
		EDDYS SANCHEZ				
			Name of Person			
		TRANSFER222 LLC				
		···	Firm/Company			
		700 W 29TH ST				
			Address			(2)
		HIALEAH/FL 33012				
			City/State and Zip Code			
		INFO@TRANSFER222.C				
			to be used for future annual	report notification)		
For further inf	formation co	oncerning this matter, please c	all;			
EDDYS SAN	CHEZ		725 24- at ()	47067		[++
	Name of	Person	Area Code	Daytime Telephone	e Number	_
Enclosed is a	check for th	e following amount:				
≅ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	losed) (660.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
Regi Divi		ection orporations	Division	ntion Section of Corporations		
P.O.	Box 632	/	The Cer	itre of Tallahasse	ee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSFER222 LLC		
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L21000118143	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L1,C" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		<u></u>
		-
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the s</u> :	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	l

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			☐Change
			□Remove
		-	☐Change
			□Add
			ПRетюче
			ClChange
		-	[]Add
			□Remove
			□Change
			□Remove
			□Change

	The company will engage in the import, export, distribution, marketing, and wholesale and retail
	sale of food products, including edible oils, non-alcoholic and alcoholic beverages, and other
	consumer goods related to the food industry. The company may also conduct warehousing,
	storage, and logistics activities associated with these products
	The company hereby discontinues its previous activity as a travel agency and no longer operates in the travel or
	tourism services industry.
	· ·
	·
	
	<u> </u>
ffec	tive date, if other than the date of filing:
fan e <mark>Note</mark>	flective 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 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
reco d is t	ord 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 filed
Dated	03/23/2025
>111.CC	$\overline{\bigcirc}$

Filing Fee: \$25.00

Typed or printed name of signee