L21000137729

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: DUCENS Tra	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	
Please return all correspondence concerning this r	natter to the following:
	Johnson Name of Person
	Transport Services LC
5016	Millenia falms DR # 3208
Orlan	City/State and Zip Code
Karen (9)	Queen Transport Services U.C. Conviress: (to be used for future annual leport notification)
For further information concerning this matter, plo	ease call:
Karen Johnson Name of Person	at (813) LO18-1090 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\$25.00 Filing Fee S\$30.00 Filing Fee of States	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

RECEIVED
MAY 0 3 2021

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Queens transc	parts Services, LLC
(Name of the Limited Liabili	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Of Florida document number <u>L210001377</u>	Company were filed on $\frac{3/24/2021}{2021}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
Queen Transport	Services, LLC 3
the new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDR	
	Rin.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Naw Projectored Acoustic Circumstance is the company	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 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
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Filing Fee: \$25.00