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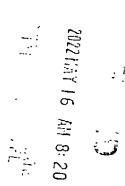
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## COVER LETTER

Divisio	on of Corpor	ations		
SUBJECT:	INTE	PNATIONAL	TRANSPORTATEUR	Solutions LLC
		Name of Limi	ited Liability Company	
The enclosed Ar	rticles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all	corresponde	nce concerning this matter	to the following:	
		SHAMARE	WEEKS	
			Name of Person	
		INTERNAL ONAL	THHUS PORT HT XCYL	Solutions LLC
			Firm/Company	
		2114 N FLAM	Address	- 658
		Pembroke Panes	FL 33028 City/State and Zip Code	
			T. Solvitores Q am to be used for future annual repo	
For further infor	mation conce	erning this matter, please ca	all:	
SHAMARE	- WEE	<u>- S</u>	at (3 05) 943.	15 25
	Name of Per	son	Area Code D	aytime Telephone Number
Enclosed is a ch	eck for the fo	ollowing amount:		,
□ \$25.00 Filin	ng 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)
Mailin	a Addrocs:		Street Addre	

TO:

**Registration Section** 

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



TWTEPWATTOWAL TRANSPORTATION SOLUTIONS LLC 2022 MAY 16 AM 8: 20

(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  $\frac{\delta 5/\partial 5/2021}{\delta 5/2021}$ Florida document number L 21000243899 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 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

Title	Name	Address	Type of Action
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			□Remove
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			□Add
			Remove
			☐ Change
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			□Remove
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7	Am Just (Hanging The principal Address to the	
<u>_</u>	usiness. From 2114 N FLAmingo Rd unit 658	
	OSTRESS. THEM ONLY TO TEMPORATE BOSS	_
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_}	embrelle Pines, FL 33028 to The New Address  00 Kings Pornt Drive Apt 910 Sunny FSles, FL	
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<u>e:</u> If tl	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be live is effective date on the Department of State's records.	
ment	s effective date on the Department of State's records.	
ord sn	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aff	ter t
filed.	The your day and	
	an and the second secon	
d	May 11th 2002	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	