## L21000343527

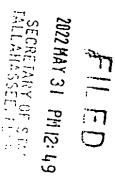
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
	J. HORN	E
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Office Use Only



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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	TRANSPORT LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARTHA CHAVES		
		Name of Person	
	RAPIDTAX SOLUTIONS	S AND MORE CORP	
		Firm Company	
	2820 MICHIGAN AVE STE A.		
		Address	
	KISSIMMEE, FL 34744		
		City/State and Zip Code	<del></del>
	RAPIDTAXFL@OUTLOG		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
MARTHA CHAVES		407 415-4465	
Name e	of Person	at ()	ne Telephone Number
Enclosed is a check for t	he following 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of T	
Tallahassee,	ドレ <i>323</i> 14	2415 N. Monto	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JNATERA TRANSPORT 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  $\frac{07/29/2021}{1}$ and assigned Florida document number 1.21000343527 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N. SOLUTIONS TRANSPORT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/Λ 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:  $N/\Lambda$ Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Citv

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
			□Add
			□Remove
			□Remove
			☐ Change
			□Remove
		<u> </u>	
			□Add
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		<u> </u>	□Change
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Filing Fee: \$25.00