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2022 APR -6 AM 6: 39
SECRETARY OF STATE

O SIMMONS APR 2 0 2022

COVER LETTER

TO:

	istration Se ision of Cor			
CUBICAT	SVW TRA	SPORTATION LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		SHAY WILLIAMS		
			Name of Person	
		SVW TRANSPORTATIO	N LLC	Tode 765-6005
			Firm/Company	
		8800 49TH ST NORTH \$7	ΓE 307	
			Address	
		PINELLAS PARK, FL 33	782	
			City/State and Zip Code	
		PRESTIGIOUS0826@GM/		
		E-mail address: (to be used for future annual report not	tification)
For further is	nformation c	oncerning this matter, please ca	all;	
SHAY WIL	LIAMS		407 765-6005	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	iling Addres		Street Address:	ection
	gistration S vision of C	Section forporations	-	
	D. Box 632	-	The Centre of	Tallahassee
Ta	llahassec, l	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION APR -6 AH 6: 39 OF

SECRETARY OF STATE TALLAHASSEE, FL

SVW TRANSPORATION 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 2/22/22	and assigned
Florida document number L22000084503		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SVW TRANSPORTATION LLC	_	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(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 a agent and/or the new registered office address here:	iddress on our records, <u>ente</u> i	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	r	lo rí da
	City	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	ind I am familiar with and F.S. Or, if this document is

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
			☐ Change
	 		□Add
			Remove
			□Change
			□Add
			□Remove
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			□Add
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			□Change
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			□Change

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Effect	ive date, if other than the dat	e of filing:	1	(optional)	605 0207 (2
Note:	fective date is listed, the date must be a If the date inserted in this block ment's effective date on the Depar	does not meet the appli	cable statutory filing requ	irements, this date will not be	listed as th
he reco ord is f	rd specifies a delayed effective dat lled.	te, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dated	March 21	2022			
		> /-//			
		, , , , ,			

Filing Fee: \$25.00

Typed or printed name of signee