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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	ALIVE TRANS	PORTATION SERVICES, LI	ı.c
SOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		WILLIAM ASARE	
		Name of Person	
	ALIVE TRA	INSPORTATIONLOGISTICS	SSERVICES, LLC
	·	Firm/Company	·- ·
		7721 GRANDVIEW BLVD	
		Address	
		MIRAMAR, FL 33023	
	•	City/State and Zip Code	
		W.ASARE2019@GMAIL.CO	DM .
	E-mail address: (to be used for future annual repor	t notification)
For further information con	cerning this matter, please c	all:	
WILLIAM AS	SARE	754 at ()	457-5528
Name of P	Person	Area Code D	aytime Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se		Street Addre Registration	1 Section
Division of Cor P.O. Box 6327	porations		Corporations of Tallahassee
Tallahassee, Fl.	. 32314		on rananassee onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALIVE TRANSPORT	TATION SERVICES, LL	.C	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears o ed Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	03/16/2023	and assigned
lorida document numberL22000131764			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited l	iability company here	:	
ALIVE TRANSPORTATIONLOGIS	TICSSERVICES, LLC		
he new name must be distinguishable and contain the words "Limited L	iability Company," the desig	gnation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
·			20
		V.I. 033	23
			73 AUG
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		<i>(</i> ንር ጠግ	
		ਹੈ। ਹਵਾਲੇ	.t
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our reco	ىرىنىي prds, <u>enter the dam</u>	e of the new regis
Name of New Registered Agent:			
New Registered Office Address:	E El i l	street address	
	enter riorida	i sireet aaaress	
		, Florida	
	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 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
			Remove
			□Change
			🗆 Add
			Remove
			Change
			🗀 Add
			Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
	<u> </u>		□Add
			□Remove
			∏Change

	ALIVE TRANSPORTATION SERVICES, LLC
TO: ALI	VE TRANSPORTATIONLOGISTICSSERVICES, LLC

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m effective date o <u>te:</u> If the da	if other than the date of filing: JULY 25, 2023 (optional)
ecord specific	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
is filed. ited	JULY 25, 2023 ///// A 80.