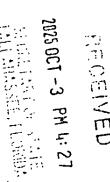
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Docusign Envelope ID: 602DC3D7-4A24-497D-8DF4-8FE2AFB8F28C COVER LETTER

то:	Registration Se Division of Cor				
CIII IE	AQ EXPRESS TRANSPORTATION LLC				
SUBJE	CI:	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please i	return all correspe	ondence concerning this matter	to the following:		
		PABLO E FERNANDEZ	FERRER		
			Name of Person		
			Firm/Company		
		111 MAKI RD	,		
			Address		
		PLANT CITY, FL 33563			
			City/State and Zip Code		
		PLANTCITY1707@GMAI			
			to be used for future annual report noti	fication)	
For furt	her information c	concerning this matter, please co	all:		
PABLO E FERNANDEZ FERRER		Z FERRER	813 836-6455		
	Name o	of Person	at () Area Code Daytim	e Telephone Number	
Enclose	ed is a check for t	he following amount:			
≡ \$2:	5.00 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)	

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

Docusign Envelope ID: 602DC3D7-4A24-497D-8DF4-8FE2AFB8F28C

AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AQ EXPRESS TRANSPORTATION	ON LLC		
(Name of the Limi	ted Liability Compai (A Florida Limited L	ny as it now appears or Liability Company)	our records.)
The Articles of Organization for this Limited L	iability Company	were filed on 04/17/	2025 and assigned
Florida document number 1.25000183475	_		No.
This amendment is submitted to amend the following	lowing:		PROPERTY PRO
A. If amending name, enter the new name of			P
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the desig	
Enter new principal offices address, if appli	cable:	111 MAKI RD	
(Principal office address MUST BE A STREET ADDRESS)		PLANT CITY, FL	33563
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PLANT CITY, FL	33563
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	<u>ess here</u> :	address on our reco	ords, enter the name of the new registered
	111 MAKERĐ		
New Registered Office Address:	111 WINKI KD		street address
	PLANT CITY		, Florida ³³⁵⁶³
		City	, F10F10a 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

Docusign Envelope ID: 602DC3D7-4A24-497D-8DF4-8FE2AFB8F28C in amending Authorized rerson(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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
 			□∧dd
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Do	ock does not meet the appl	icable statutory filing rec	(optional) nan 90 days after filing.) Pursua quirements, this date will no	ant to 605,0207 of be listed as
e record specifies a delayed effective	e date, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) The 90th	day after the
d is filed.				
	2025			
Dated OCTOBER 1ST	. 2025	<u> </u>		