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DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Se Division of Cor		*			
SUBJE		TRANSPORT LLC				
300,01		Name of Lin	nited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	retum all correspo	endence concerning this matter	to the following:			
		DIEGO C CAIVANO				
			Name of Person	, , , , , , , , , , , , , , , , , , , ,		
			Firm/Company			
		17050 N BAY ROAD 9A	PT 1002			
		CHAINIVICE TO DEACH	Address			
		SUNNY ISLES BEACH, FL 33160				
		djirontransport@gmail.co	City/State and Zip Code om			
		E-mail address: (to be used for future annual report notif	ication)		
For fur	her information co	oncerning this matter, please c	atl:			
DIEGO C CAIVANO			786 903-0898			
	Name of	f Person	Arca Code Daytime	: Telephone Number		
Enclose	ed is a check for th	e 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)		
	MAILI	NC ADDRESS:	STREET/COURT	ED ADDRESS.		

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJ IRON TRANSPORT LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Con Florida document number L18000148240	pility Company were filed on 08-07-2018		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		ಹ	
Principal office address MUST BE A STREET ADDRE.	SS)	AU SION	
	<u></u>	<u> </u>	
Enter new mailing address, if applicable:		PH .	
Mailing address MAY BE A POST OFFICE BOX)		÷ Alle	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		nter the name of the	
Name of New Registered Agent:		-	
New Registered Office Address:	Enter Florida street address		
	Florid	a 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

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>	<u>Address</u>	Type of Action
MGR	JUAN M CADENAZZI	17050 N BAY RD APT 1103	Add
		SUNNY ISLES BEACH, FL 331(■ Remove
			☐ Change
			Add
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Effective date, if other than the date of fil (If an effective date is listed, the date must be specific a	08-05-2018 ling:and cannot be prior to date	e of filing or more than s	(optional)	suant to 60	15 020
Note: If the date inserted in this block does no document's effective date on the Department of	ot meet the applicable s				
· ·		•			
the record specifies a delayed effective) The 90th day after the record is file		effective time, a	: 12:01 a.m. on t	he eari	ier
Dated	2018				
	7				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00