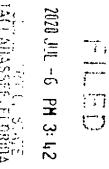
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COVER LETTER

	gistration Sec ision of Corp				
CUDIFOT.	Beast Mode	Transportation , LLC			
SUBJECT:		Name of Lim	ited Liability Company		·
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		Isis Bargalto			
			Name of Person		
			Firm/Company		
		106003 overseas hwy Unit	. 3802	121.1)
		Key Largo : FL 33037	Address	THE STATE OF	
		Isisbargallo@gmail.com	City/State and Zip Code	F.C.	PH 3: 42
For further in	formation con	E-mail address: (i cerning this matter, please ca	to be used for future annual report notifi all:	cation)	20
Isis Bargallo	Name of P		786 286-2151		
	Name of r	erson	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beast Mode Transportation LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>iny as it now appears on our records.</u>) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number 1.19000085627	
his amendment is submitted to amend the following:	
x. If amending name, enter the new name of the limited liab	pility company here:
3 Sons Express LLC	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	1020
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	71.
inter new mailing address, if applicable:	The P
	The contract of the contract o
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	Carriet and the
	Enter Florida street address
	, 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 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
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			□Remove
			□Change
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Typed or printed name of signee

Filing Fee: \$25.00