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COVER LETTER

Registration Section **Division of Corporations**

888 TRA≯ JECT:	SPORTATION I, LLC		••
	Name of Lim	ited Liability Company	
nclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
e return all corresp	ondence concerning this matter	to the following:	
	JOHN L. SOILEAU		
		Name of Person	
	WATSON, SOILEAU, DE	ELEO & BURGETT, P.A	
		Firm/Company	
	3490 NORTH U.S. HIGH	WAY I	
		Address	
	COCOA, FL 3292		
		City/State and Zip Code	
	jsoileau@brevardlawgroup.		30 T
		to be used for future annual report no	uffication)
ther information of	concerning this matter, please co	all:	
Soileau		321 631-1550 at ()	
Name o	of Person	Area Code Daytir	ne Telephone Number
ed is a check for t	he following amount:		
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

888 TRANSPORTATION 1, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on 12/29/2020 _ and assigned la document number _____L21000007020 imendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ng address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered ind/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida ___ City gistered Agent's Signature, if changing Registered Agent: v accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is led to merely reflect a change in the registered office address. I hereby confirm that the limited liabethy y has been notified in writing of this change. If Changing Registered Agent, Signature of New Registered Agent Ś

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

t = Manager

R = Authorized Member

<u>Name</u>	<u>Address</u>	Type of Action
SUMMIT SHAH	402 High Point Drive	■Add
	Cocoa, FL 32926	□ Remove
		Change
ONICA SHAH	402 High Point Drive	■Add
	Cocoa, FL 32926	
		□ Change
		□Remove
		Change
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	January 25, 2	2021		
ve date, if other than the ductive date is listed, the date must b	ate of filing:		(optional) an 90 days after filme.) Pursi	uant to 605 0207
If the date inserted in this bloc	k does not meet the applical	ble statutory filing requ	airements, this date will n	ot be listed as
ent's effective date on the Dep	artment of State's records.			
d specifies a delayed effective of ed.	late, but not an effective tin	ie, at 12:01 a.m. on the	e earlier of: (b) The 90th	day after the
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January	2021	// // //		
January	. 2021			
	gnature of a member or author	ized representative of a n	nember	~

Filing Fee: \$25.00