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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)220-1440 MAY - 9 2017 L. SELLERS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

<u></u>	ND/RESTATE/CORRECT		IGN	
N GTT Page C	ted Charge	0 0 03 \$25.00	12 HAY -8 AH II: 54 SECRETARY OF STATE TALLAHASSEE. FLORIDA	

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	ARTICLES OF O	RGANIZATION
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v		<u>Nal Transport, LLC</u> <u>v as it now appears on our decords</u> <u>ability Company</u>
The Article	es of Organization for this Limited Liability Company	were filed on 82807 and assigned
Florida doc	cument number	
A. If ame	dment is submitted to amend the following: anding name, enter the new name of the limited liabil ame must be distinguishable and end with the words "Limit	lity company here: ed Liability Company," the designation "LLC" or the abbreviation
"L.L.C."		
Enter new	v principal offices address, if applicable:	
(Principal	office address MUST BE A STREET ADDRESS)	
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		· · ·
Enter new	mailing address, if applicable:	
	uddress MAY BE A POST OFFICE BOX)	
TTTE MONTHE MA	WILLIAN DUALOGY VILLOUDUCI	
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		ce address on our records, enter the name of the new
registered	agent and/or the new registered office address here	•

Name of New Registered Agent:	Ernesto Zampra	
New Registered Office Address:	9040 SW 171 Tercace Enter Florida street addres	
	Mianij, Floride 3	- <u>33157</u> Zip Code

New Registered Agent's Signature, if changing Registered Agent:

4

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 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
	Rossana Velaspez		Add
MGRM	Ernesto Zamora	9040 SW 171 Terr NXiG, FL 33157	Add Remove
			Add Remove
			Add Remove
- <u></u>	·		Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s	s) here: (Attach additional sheets, if necess	ary.)
 Dated			12 ALL
		authorized representative of a member	HAY -8
-		printed name of signee Page 2 of 2	AMII: 54 OF STATE
		ng Fee: \$25.00	
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