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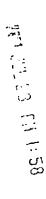
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: R	egistration Solvision of Col	ection rporations		
·		N TRANSPORTATION SYSTE	EMS LLC	
SUBJECT	Γ:	Name of Limi	ted Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
		ondence concerning this matter		
		Jason s. Batallan		
		BATALLAN TRANSPORT	Name of Person FATION SYSTEMS LLC	
		DO D (042	Firm/Company	
		PO Box 6942	Address	
		WPB FL 33405		
			City/State and Zip Code	
			to be used for future annual report n	otification)
		concerning this matter, please co		
Jason S. E	Batallan		561 644-4948	
	Name	of Person	Area Code Days	ime Telephone Number
Enclosed	is a check for	the following amount:		
□ \$25.0	0 Filing Fcc	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Cartificate of Status & Certified Copy (additional copy is enclosed)

Malling 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

BATALLAN TRANSPORTATION			
(Name of the Lim	(A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited 1 Florida document number	Liability Company	were filed on	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
POD, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3201 N. Florida Avenue	
(Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33603	
			24
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			لىر؟ ئ <del>ىد</del>
			ے:
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records,	enter the name of the new regis
Name of New Registered Agent:	Holland & Knight LLP C/O Noel Boeke		
New Registered Office Address:	100 North Tam	pa Street, Suite 4100	
130 n Alegioni da Ottivo I Idalogo.		Enter Florida street	address
	TAMPA		, Florida 33602
	<del></del>	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.

Noel Bocks

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

Title	Name	Address	Type of Action
AMBR	Antonio S. Batallan	1201 Roebuck Ct WPB FL 33401	B¶Add
			□ Remove
			□Change
MGR	Jason S. Batallan	1201 Roebuck Ct WPB FL 33401	□Add
			□Remove
			&Change
			□Add
			Remove
			□Remove
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		<del></del>	Remove
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ective date, if other the effective date is listed, the te: If the date inserted it	date must be specific in this block does no	and cannot be prior	to date of filing or able statutory fi	more than 90 days	after filing.) Pursu this date will no	ant to 605.020 at he listed a
nument's effective date of	on the Department of	of State's records				
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cord specifies a delayed s filed.	effective date, but i	not an effective t	ime, at 12:01 a.m	n. on the earlier of	t: (b) The 90th	day after the
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	Signature of	a member or auth	orized-conresentati	ve of a member		
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