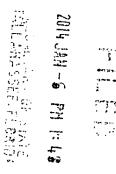
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COVER LETTER

TO:

Registration Section
Division of Corporations

SHELECT

Connected Transport Group, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Abbott

Name of Person

Connected Transport Group, LLC.

Firm/Company

1234 South Dixie Highway, PO Box 1604

Address

Coral Gables, Florida 33146

City/State and Zip Code

connectedtransportgroup@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Abbott

_,917<u>,</u>601-7861

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

Q\$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Connected Transport Grou				
(Name of the Limited (A	Liability Compa Florida Limited	iny as it now appears on our records.) Liability Company)		_
The Articles of Organization for this Limited Lia Florida document number L13000112818	ability Company	were filed on August 21, 2013	and	d assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company," the designation	"L'LC" o	r the abbreviation
Enter new principal offices address, if applica	ble:	1581 Brickell Avenue # 1604	1 2 d	
(Principal office address MUST BE A STREET	(ADDRESS)	Miami, Florida, 33129	95. = 3.	60
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	1234 South Dixie Highway PO Box 317 Coral Gables, Florida 33146		
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:		ē :	r the na	me of the ne
New Registered Office Address:	1581 Bricke	ell Avenue # 1604		
		Enter Florida street ad	ldress	•
	Miami	, Florida 🧵	33146	
		City	Zip (Code
New Registered Agent's Signature, if changing R	egistered 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	Address	ype of Action
MGRM	Barrett Fields	1838 Kinlaw Road	Add
		Woodbine, Georgia 31569	
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			_ LAdd
			Remove
			Add
		Day 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Remove
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			Add
 .			Remove
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date of filing:	(optional)) :05 0207 (3)(b))
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	(optional) lays after filing.) (6) (05.0207 (3)(b))
	lays after filing.) (60) 05.0207 (3)(b))
nature of a member or authorized representative of	lays after filing.) (60) 05.0207 (3)(b))
	lays after filing.) (60	(05.0207 (3)(b)	··· ; ····