L140000 36118

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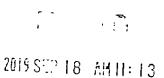
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COVER LETTER

	Division of Cor				
SUBJEC		SPORTATION, LLC			
			nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	tum all correspo	ndence concerning this matter	to the following:		
		FRANCISCO L. PRIDA			
		FLP TRANSPORTATION	Name of Person N, LLC		
		526 NEPTUNE BAY CIR	Firm/Company	· <u>·····</u>	
		ST CLOUD, FL 34769	Address		
	City/State and Zip Code ALIASPELU@HOTMAIL.COM				
		E-mail address: (to be used for future annual report notif	lication)	
For furth	er information c	oncerning this matter, please o	all:		
YAILEN	NENRIQUEZ		239 989-6256 at ()		
	Name o	l Person	Area Code Daytime	e Telephone Number	
Enclosed	is a check for th	se following amount:			
\$25.0	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/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cet Tallahassee, FL 32.	n ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Comp. (A Florida Limited	ny as It non appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000036118		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	reviation "L.L.C"
Enter new principal offices address, if applicable:	526 NEPTUNE BAY CIR	
(Principal office address MUST BE A STREET ADDRESS)	ST CLOUD, FL 34769	
Enter new mailing address, if applicable:	526 NEPTUNE BAY CIR	
Mailing address MAY BE A POST OFFICE BOX)	ST CLOUD, FL 34769	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		the name of th
	Enter riorida sireel address . Florida	
	City Piorida	Zup 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

Page 1 of 3

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	<u>Address</u>	Type of Action
MGR	FRANCISCO L PRIDA	526 NEPTUNE BAY CIR	
		· · · · · · · · · · · · · · · · · · ·	□ Add
		ST CLOUD, FL 34769	
			☐ Remove
			■ Change
			☐ Change
	····		□ Add
			□ Remove
			Change
			
			🗆 Rensove
			Change
		-	Remove
			Change
·			D Add
			D Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
F. Effective date if other than the date of filing: (antional)
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated $9-16-19$
Signature of a member or authorized representative of a member
FRANCISCO L PRIDA
Typed or printed name of signee

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Filing Fee: \$25.00