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2020 MAY -7 P 2:11

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N/C
& Amend
5/7/20

TO: **Registration Section**
Division of Corporations

SUBJECT: Transition Transportation
_____
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:

Lashawn M Dixon
_____
Name of Person

Transition Transportation
_____
Firm/Company

11187 Luffness Ct
_____
Address

Jacksonville Florida 32221
_____
City/State and Zip Code

Barretto-teneva @ gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teneka N Barreto   at (904) 253-5452
_____
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee ☐ $30.00 Filing Fee & ☐ $55.00 Filing Fee & ☒ $60.00 Filing Fee,
                       Certificate of Status   Certified Copy   Certificate of Status &
                                                (additional copy is enclosed) Certified Copy
                                                                        (additional copy is enclosed)

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                        Tallahassee, FL 32303

Transition Transportation, LLC

<u>(Name of the Limited Liability Company as it now appears on our records.)</u>
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/7/2014 and assigned

Florida document number L14000056685.

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This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

Transition Transportation, Group, L.L.C

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11187 Luffness Ct
Jacksonville Florida 32221

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11187 Luffness Ct
Jacksonville Florida 32221

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regi</u> agent and/or the new registered office address here:

Name of New Registered Agent: Lashawn M Dixon

New Registered Office Address: 11187 Luffness Ct

Enter Florida street address

Jacksonville , Florida 32221

City — *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ana accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR =   Manager
AMBR =   Authorized Member

Title	Name	Address	Type of Acti
AMBR	Tenena N Barreto	11187 Luffness Ct Jacksonville fl 32221	☑ Add ☐ Remove ☐ Change
MGR	Shamaal Marsh	11187 Luffness Ct Jacksonville fl 32221	☑ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Amending Name as original name unavailable.

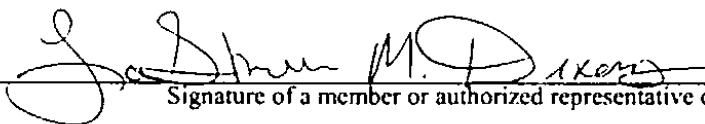Transition Transportation Group, LLC

Add two people per previous page.

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

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 May 6 th _____, 2020 .

_____
Signature of a member or authorized representative of a member

LaShawn M Dixon
_____
Typed or printed name of signee