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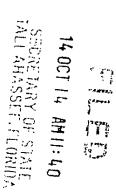
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COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: MYA Transport 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:								
Elaine Josefa Estrada. Nunez Name of Person								
Firm/Company								
25031 SW 128 Path								
Homestead FL 33032 City/State and Zip Code								
eliestrada Pa Yahoo, com E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Elaine J Estrada Nunea (786) 553-3772 Name of Person Area Code Daytime Telephone Number								
Enclosed is a check for the following amount:								
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$\text{60.00 Filing Fee,} \\ 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 TO ARTICLES OF ORGANIZATION OF

MYA Transpo	rt LLC	·	ur rogards)	
(<u>Name of the Limited L</u> (A F	lorida Limited Lia	bility Company)	ur recorus.	•
The Articles of Organization for this Limited Liabilifordia document number <u>L14000976</u>	ity Company w 23.	vere filed on <u>C</u>	18 201	4 and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabili	ty company here:		
The new name must be distinguishable and end with the word	s "Limited Liabili	ty Company," the design	ation "LLC" or the a	bbreviation "L,L,C,"
Enter new principal offices address, if applicable: Elaine Josefa Estrada (Principal office address MUST BE A STREET ADDRESS) Homestead F1 33032				Estrada Nunez Path 33032
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>0</u>			ALL ALL STANDS
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our	records, enter	the name of the new
Name of New Registered Agent: New Registered Office Address:	Elaine 25031	<u>2 Josefa</u> SW 128	Estrao	la. Nunez
	Homest	Enter Florida str ead . City	eet address , Florida	33032 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.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>M6</u> R	Elaine Josefa Estrada Nunez	25031 Sw 128 Path Homestead FL 33032	
MGR	Elaine Estrada	25031 SW 128 Path Homestead, FL 3303	
MGR	Adrian Fernandez Sanchez	25031 Sw 128 Pat Homestead, FL 3303	
MGR	Adman Fernandez	Homestead, FL 3303	
		,	

p. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar,	v.)	
Requesting to correct the names of bi	ith	
managing members.		
* Add EIN #49-1139831 -*	· ·	
E. Effective date, if other than the date of filing: (optional)		•
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)		•
Dated $July 23$, $zoly$.		
Signature of a member or authorized representative of a member		
Adman Fernandez Sanchez Typed or printed name of signee		
	Ä.s	
	SECRI SECRI	14 00

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE