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SEP 22 2018 S. YOUNG 8 SEP 21 PM 5: 18 SCON TANY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

	ion Section of Corporations	
SUBJECT:	SUR Transport, LCC Name of Limited Liability Company	
The enclosed Arti	les of Amendment and fee(s) are submitted for filing.	
Please return all c	rrespondence concerning this matter to the following:	
	Firm/Company 2591 CIMMER TEVYCCC Address City/State and Zip Code Fodriquez 1718 Q yahoo Com E-mail address: (a) be used for future annual report notification)	FILED 18 SEP 21 PH 5: 18 TORE DATA PROBLEM
For further inform	ation concerning this matter, please call:	
	Accordance of Person Area Code Daytime Telephone Number	
Enclosed is a che	x for the following amount:	
\$25.00 Filing	Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing I Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy)	Status & y
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314 Callahassee, FL 32301	2018 SEP -4 PH 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LIS 0000 (6057</u> .	were filed on <u>January</u> 17	701 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	ty Company." the designation "LLC" or t	he abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		FILE SEP 21 CALLANASSE
(Mailing address MAY BE A POST OFFICE BOX)		F
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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.

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 **Type of Action** Title Name **Address** □ Add Remove ☐ Change □ Add □ Remove _□ Change _□ Add ☐ Remove ि**ळ** □ Change _□ ∧dd □ Remove άi □ Add _□ Remove ☐ Change □ Add ☐ Remove

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n effective date <u>(te:</u> If the da	, if other than the is listed, the date meter inserted in this lective date on the	nust be specific an block does not t	d cannot be prior meet the applic	able statutory	or more than 90 of filing requirement	(optional) days after filing.) I ents, this date w	Pursuant to 605.02 ill not be listed
	ecifies a delayon lay after the re			t an effecti	ve time, at 1	.2:01 a.m. o	n the earlier
ted	Jugust 28) 	. 7018	<u>\</u> .	<i></i>		
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Filing Fee: \$25.00