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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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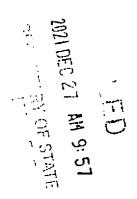
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COVER LETTER

Division of Corporations USTRATEGY FLORIDA LLC SUBJECT: _ 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: Hernan Duarte Name of Person Firm/Company 5551 Shasta Daisy Pl Address Land o Lakes / Florida 34639 City/State and Zip Code hduarteromero@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Hernan Duarte 305 2508125 Name of Person 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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USTRATEGY FLORIDA LLC

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number 1.15000040845	pany were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
WE CARE TRANSPORTATION TAMPA BAY LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
	2021 C
Name of New Registered Agent:	DEC
	2
New Registered Office Address:	Enter Florida street address
	City Florida : A City
New Registered Agent's Signature, if changing Registered A	gent:
provisions of all statutes relative to the proper and comp	l agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability

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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Note:	ve date, if other than the date of filing:
he record ord is fil	d 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 ed.
	December 20th 2021
Dated .	
	Signature of a member of authorized representative of a member Hernan Duarte

Filing Fee: \$25.00