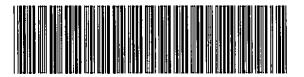
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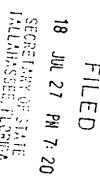
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

JO: Registration Se Division of Cor			
NDH TRA	NSPORT, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nelson Duque		
		Name of Person	
	NDH TRANSPORT, LLC		
	-	Firm/Company	
	417 Grand Canal Drive		
		Address	
	Miami, Florida, 33144		
	ndhtransport40@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	lication)
For further information of	concerning this matter, please ca	all:	
Nelson Duque		305 744-2105	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NDH TRANSPORT, LLC	
(<u>Name of the Limited Liubility Compar</u> (A Florida Limited L	ny as it now appears on our records.) History Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on State of Florida and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	l <u>ity company here</u> :
he new name must be distinguishable and contain the words "Limited Liabili"	ity 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)	
Enter new mailing address, if applicable:	EN PED
Mailing address MAY BE A POST OFFICE BOX)	
	20 20
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUIS ENRIQUE AGUIAR	2160 SW 24th Terrace, Miami FL3	■ Add
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			Change
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ffective date, if other tha	n the date of fi	iling:		(opt	ional)
an effective date is listed, the da ote: If the date inserted in t	te must be specific	and cannot be price	or to date of filing or	more than 90 days aft	er filing.) Pursuant to 605.020
ocument's effective date on				ing requirements, ti	is date will not be fisted a
record specifies a de			ot an effective	time, at 12:01	a.m. on the earlier
The 90th day after the	erecord is file	ed.			
July 23		2018			
ated	_	-· _1	·		
		11/2			

Page 3 of 3

Filing Fee: \$25.00