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COVER LETTER

rO: Registration Section Division of Corporations
SUBJECT: Connecting Families Plus Transportation Name of Limited Liability Company Service UC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tringul Knight Name of Person Incredibus Transport Lic Firm/Company 19821 NW 2NB AVE. MIAMI GARNEWS FC. 33169 St#235
City/State and Zip Code INCredibus 84 Camail. com E-mail address: (to be used for future admual report notification)
For further information concerning this matter, please call:
Tringil Knight at (305) 205 9765 Name of Person at (305) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF The Articles of Organization for this Limited Liability Company were filed on Florida document number LISDOD 5 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

Page 1 of 3

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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
VP	Kenta Barlington		
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miami	Pl. 33/38 Stat 107	
NEW - 19821	NW 2ND AVE. Mianu fl 33/6	9 54.42
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ffective date, if other than the dat	te of filing: (optional)	
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 605.02
ffective date, if other than the dat an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depar	specific and cannot be prior to date of filing or more than 90 days after filing.) does not meet the applicable statutory filing requirements, this date v	Pursuant to 605.02 vill not be listed
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Page 3 of 3

Filing Fee: \$25.00