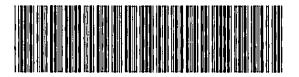
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COVER LETTER

Ό: Registration Section Division of Corporations QUICK STEP TRANPORT LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: PETRANA YONKOVA Name of Person QUICK STEP TRANPORT LLC Firm/Company 1013 VANNESSA DR Address OVIEDO, FL 32765 City/State and Zip Code NINAYONKÓVA@GMAIL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: SINA LYONS 733-2706 Name of Person Daytime Telephone Number inclosed is a check for the following amount: S25.00 Filing Fee **\$30.00** Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

QUICK STEP TRANFORT LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)	<u> </u>	
he Articles of Organization for this Limited Liability Company orida document number $\frac{L15000058688}{L15000058688}$	were filed on $\frac{01/[3/202]}{}$	and assigned	
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company here:		
JICK STEP TRANSPORT, LLC			
new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	reviation "L.L.C."	
ter new principal offices address, if applicable:		_	
incipal office address MUST BE A STREET ADDRESS)		3	
		<u> </u>	
ter new mailing address, if applicable:		ان حو	
ailing address MAY BE A POST OFFICE BOX)		خباب	
aning and ess mail DEATOST XITTEE DUM	 	<u> </u>	
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new registe	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	Florida		
	, Florida	Zip Code	
Registered Agent's Signature, if changing Registered Agent:			
reby accept the appointment as registered agent and agre- visions of all statutes relative to the proper and complete apt the obligations of my position as registered agent as p ag filed to merely reflect a change in the registered office pany has been notified in writing of this change.	performance of my duties, and I am fai provided for in Chapter 605, F.S. Or, if	miliar with and this document is	

If Changing Registered Agent, Signature of New Registered Agent

amending. Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

4BR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Change
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			□Remove
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tive date, if other than the	date of filing:			(antional)	
tive date, if other than the Tective date is listed, the date must. If the date inserted in this bluent's effective date on the D	ock does not meet tl	he applicable sta	of filing or more than tutory filing requi	n 90 days after (iling.) rements, this date v	Pursuum to 605.020 vill not be listed a
rd specifies a delayed effectiv iled.	e date, but not an ef	Tective time, at	2:01 a.m. on the	earlier of: (b) The	90th day after th
January 13	. 20.	21			
	Signature of a member				
Petrana Go	nkova				
	Lype	d or printed name	of signer		

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Filing Fee: \$25.00