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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Cor | | , | | • | • |
|-----------------------------|--|---|---------------------------|---|--------------|
| SUBJECT: MYO | ull Transport | LU | | | |
| | Name of Limit | ed Liability Company. | | | |
| The enclosed Articles of | Amendment and fee(s) are subm | nitted for filing. | | $y_1 = y_2 = 0$ | |
| | ondence concerning this matter to | | • | | • |
| riease return an correspe | ondence concerning this matter to | die following. | | | |
| | Tamika 6 | OVEH | | و المسلمان الله الله الله الله الله الله الله ال | (.) |
| | | Name of Person | , | | |
| • . | Miracle Tran | Spirt CE | 25 (1) 20 10 10 | in the Cont. | . , , |
| | 5859 Rustic | Ridge Cir. | 1984 American | 15 SEP | 300 |
| | Milton, FL3 TamikaLovett | 2570 City/State and Zip Code | tetro care e la constanta | 30 PH 4: | |
| | E-mail address: (to | be used for future annual report | notification) | 2 | |
| For further information c | oncerning this matter, please cal | ke e e e e e | , Constant of Fi | gra . 977 | : |
| Tamika | Lovett | u 904 553 | -4649 | <u></u> | |
| Name of | f Person | Area Code Da | ytime Telephone Number | $\mathbf{er}_{\mathcal{G}}}}}}}}}}$ | |
| Enclosed is a check for the | ne following amount: | | en e i | . : | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie | ate of Status & | <u>\$1</u> . |
| 31 | | | | • | |
| | * | • | 7 : | į | |

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

| - Miracle Trans | port, LL | | | | r, · · |
|--|--|----------------------|----------------------|--------------------|--------------|
| (Name of the Limited | Liability Company as Florida Limited Liabil | it now appears on o | ur records.) | | • |
| The Articles of Organization for this Limited Lial Florida document number | oility Company wer | e filed on | 16/15 | and assign | ned |
| This amendment is submitted to amend the follow | ving: | | in the second of | | • |
| A. If amending name, enter the new name of t | he limited liability | company here: | | | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability C | ompany," the designa | tion "LLC" or the al | obreviation "L.L.(| 3." |
| Enter new principal offices address, if applicat | , | | | 18 SE | 30.00 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>0x)</u> | | | P 30 FM L: U | |
| B. If amending the registered agent and/or registered agent and/or the new registered officers. | | address on our | records, enter | the name of | the new |
| Name of New Registered Agent: | | | - | 50. | |
| New Registered Office Address: | | Enter Florida st | eet address | | |
| 86 The Control of the | | City | , Florida | Zip Code | <i>*</i> *** |

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.

A Sar

If Changing Registered Agent, Signature of New Registered Agent

| If amending or removed | Authorized Person(s) authorized t | o mana | age, enter the title, name, and address of each | person being added |
|---------------------------|---------------------------------------|--------|--|--------------------|
| MGR = Ma | anager uthorized Member | | | , |
| <u>Title</u> | <u>Name</u> | | Address | Type of Action |
| MGR | Jean J. Nerilus | | 742 Edgewood Ave N. | 🗅 Add |
| | | - | 742 Edglwood Ave N; Sacksonville, FL 32254 | Remove |
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| | Note: 1 | If the date inserted | in this block does not | meet the applicable stat | f filing or more usus 90 utory filing requirem | (optional) days after filing.) Pursu ents, this date will n | uant to 605.020° of be listed as |
| Effective date, if other than the date of filing: (optional) if an effective date is listed, the date must be specific and cannot be prior to date of filing or more unam 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. | ne reco | ord specifies a 90th day after | delayed effective the record is filed | date, but not an ef | fective time, at : | 12:01 a.m. on th | ne earlier o |
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Page 3 of 3

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