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COVER LETTER

TO: Registration Sect Division of Corpo		144	
х subject: <u>Supe</u>	rior Transp Name of Lim	nort Carriers ited Liability Company	, WC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Bamon	Name of Person	
		Reyes P.A. Firm/Company	
	5035 R	alm Ave	
	Hialeah	F/ 33012 City/State and Zip Code	
	F-mail address: (City/State and Zip Code Code	hoo . COM ication)
For further information cor	ncerning this matter, please co	all:	
<u>Pramon</u> Name of I	Preyes	at (<u>305</u>) <u>622</u> Area Code Daytime	- 0669 Telephone Number
Enclosed is a check for the	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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ouperior ranso (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	
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 ADDRES	(S)
Enter new mailing address, if applicable:	· ·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registero	ed office address on our records, enter the name of the new
	
Name of New Registered Agent:	
New Registered Office Address:	
Transfer of the reduces.	Enter Florida street address
	City Florida Zip Gode
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 ffice address, I hereby confirm that the limited liability

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 = M $AMBR = A$	lanager Authorized Membe	er .		
<u>Title</u>	<u>Name</u>	, ,	Address	Type of Action
<u> </u>	Alberto	Correras, Ir	2945 NE 10th AVE	X Add
			2945 NE 10th AVE Naples, F1 34120	□ Remove
				Change
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f an effective date is Note: If the date in	other than the date of listed, the date must be spec nserted in this block doe	cific and cannot be pr	rior to date of filing o plicable statutory fi	r more than 90 days a	optional) after filing.) Pursuant t	o 605

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00