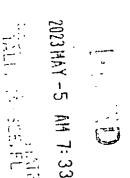
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

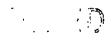
Tallahassee, FL 32314

enouses.		A POU LA LLC			
SUBJECT:	Name of Lin	nited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		JOB OSTING			
		Name of Person			
		LA POU LA 1 LC			
		Jorn Company			
		1001 SW DALTON AVE			
	Address				
	Pt>	RT SAINT LUCIV, FL 34953			
		City/State and Zip Code			
	E-mail address: (	jobplus30/g,gmail.com to be used for future annual report n	otification)		
For further information c	oncerning this matter, please c				
JOB OSTING		772 307-7947			
Name o	i Person	at ()	ime Telephone Number		
Enclosed is a check for the	ne following amount.				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is e (closed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration 5		Street Address: Registration S	Section		
Division of C		Division of C			
P.O. Box 632	7	The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 HAY -5 AM 7: 33

	LA POU	LA LLC,		115
(Same of the Limi	ted Liability Compa (A Florida I imited	any as it now appears Liability Company)	on our records:)	4 5 (V. FL)
The Articles of Organization for this Limited L Florida document number L1500012709.	iability Company			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>re</u> :	
	OSTING J Transpo	rtation, LLC		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	signation "LLC" or the a	bbreviation "L.1 .C."
Enter new principal offices address, if applicable:		N A		
(Principal office address MUST BE A STREET ADDRESS)		1001 SW DALTO	JN AVE	
		PORT SAINT LU	JCIE, FL 34953	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enter new mailing address, if applicable:		N'A		
(Mailing address MAY BE A POST OFFICE BOX)		1001 SW DALTO	ON AVE	
		PORT SAINT LU	JCIE, FL 34953	
B. If amending the registered agent and/or agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:	ss here:	address on our red	cords, enter the nan	ne of the new registero
		Cuy	, Florida	Intind:
		Cuy		хир с оае

## 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. Thereby 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, enter the title, name, and address of each person\_being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
		□Remove	
		to the tell	□Change
			DRemove
			EAdd
			□Remove
			□Change
			CIAdd
		□Remove	
			[]Change
	- 4 ······		TAdd
			TRemove
			Change

	<del></del>
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	-
Effective date, if other than the date of filing:	605.0207 listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b)—The 90th day a rd is filed.	fter the
Dated APRIL 4 2023	
1	
Signature of a member or authorized representative of a member	
JOB OSTING	

Filing Fee: \$25.00