(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

	Registration Se Division of Corp					
CUD IE		s Transport LLC				
SUBJEC		Name of Lim	ited Liability Company			
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspon	ndence concerning this matter	to the following:			
		Luz Rodriguez				
			Name of Person			
		Joseph Mars Transport LL	c			
			Firm/Company			
		3835 Blackberry Circle				
			Address			
		Saint Cloud, FL 34769				
			City/State and Zip Code			
		josephmarstransport@gmai				
For furth	er information co	e-mail address: (oncerning this matter, please co	to be used for future annual report notif	icanon)		
Luz Rod			407 738-7905 at ()			
	Name of	`Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	e following amount:				
\$25.0	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

Joseph Mars Transport LLC	
(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.) ty Company)
he Articles of Organization for this Limited Liability Company were	filed on and assigned
lorida document number L15000199298	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability of	company here:
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	28.7. S
	SE 2
	Fig. 1
3. If amending the registered agent and/or registered office	address on our records, enter the name of the no
egistered agent and/or the new registered office address here:	9
	第1 年
Name of New Registered Agent:	
New Registered Office Address:	
ATOTI AND INVOICE OF THE OFFICE OFFICE OFFICE OF THE OFFICE OFFIC	Enter Florida street address
	, Florida
	City Zin Code

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

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
AMBR	Joel Rodriguez	3835 Blackberry Circle	
		Saint Cloud, FL 34769	□ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			□ Change
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Page 3 of 3

Filing Fee: \$25.00