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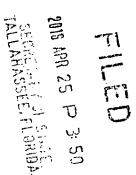
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APR 26 2016

COVER LETTER

Division of Corp	orations			
SUBJECT: New T	ransport, LLC			
		ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Ariel Ma	rtinez Name of Person		
	Royal Ca	arrier Services, LLC Firm/Company	,	
	265 SW	67th Avenue Address	-1 	
	Miami,	FL. 33144 City/State and Zip Code		
	ariel@re E-mail address: (oyalcarrierservice.com to be used for future annual report notific	cation)	
For further information con	ncerning this matter, please co	all:	LAHAS	T
Ariel Martinez		at (305) 305-2319	25 SSE	
Name of the Enclosed is a check for the		Area Code Daytime	Telephone Number 50	C
■ \$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

TO:

Registration Section

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

New Transport, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>January 6th</u> , 2016 and assigned
Florida document number <u>L16000004922</u> .
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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
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
<u>VP</u>	Liuvis Morales	8820 SW 21 TERRACE	Add
		Miami, FL. 33165	XI Remove
		 	☐ Change
VP	Liubis Y Morales Florat	8820 SW 21 TERRACE	⊠ Add
		Miami, FL. 33165	□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			DAdd Remove
			SSEE Change Chan
			Remove
			Change
			Add
			☐ Remove
			☐ Change

, ii anici	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effec	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing of Pursuant to 605	
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listen by effective date on the Department of State's records	d as the
	T	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a. mgon the earlie	er of:
b) ines	90th day after the record is filed.	
Dated_	March 31st , 2016 .	
	Mr. Sa.	
	Signature of a member of authorized representative of a member	
	Ariel Martinez	

Page 3 of 3

Filing Fee: \$25.00