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## **COVER LETTER**

TO:	Registration Sec Division of Corp		
cum u	NCT.	Friway	10 (((
SUBJI	ECT:		of Limited Liability Company
The en	iclosed Articles of A	mendment and fee(s) ar	e submitted for filing.
Please	return all correspon	dence concerning this m	latter to the following:
	•		1
		Ger	Name of Person
			Name of Person
			FriWaye LLC
		600 N	Hacker ove, Suite B-12
			Address
		Kissimmed	City/State and Zip Code
			City/State and Zip Code
		G	Vitrans LC Q gmail Com ess: (to be used for future annual report notification)
ror fur	ther information cor	ncerning this matter, ple	
C	perando 1	Torres	a1(321) 805 - 0943
	Name of F	Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the	following amount:	
<b>S</b> 2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of State	cs Certified Copy Certificate of Status & Cartificate Of Status & Certified Copy
			(additional copy is enclosed)
		G ADDRESS:	STREET/COURIER ADDRESS:
		ion Section of Corporations	Registration Section Division of Corporations
	P.O. Box		Clifton Building

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Friwaye				
( <u>Name of the Lim</u>	ted Liability Compar (A Florida Limited L	ny as it now appears on our lability Company)	records.)		
The Articles of Organization for this Limited I Florida document number W11-000	iability Company 10646	were filed on	28 <i>12</i> 017	and assigned	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	 <u> f the limited liabi</u>	lity company here:			
Alvitrans (LC					<del></del>
The new name must be distinguishable and contain the	vords "Limited Liabili !	ty Company," the designation	n "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if appli	able:	600 N HV	acker a	ise Tuite	<u>B</u> -12
(Principal office address MUST BE A STREE	T ADDRESS)	Kissimmee		417 th 17	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			FIGURE D	_ _ _
B. If amending the registered agent and registered agent and/or the new registered o	or registered off	fice address on our re :	ecords, <u>enter 1</u>	the name of the	new
Name of New Registered Agent: New Registered Office Address:	<u>Geraio</u>	lo A. TOM TWacker Cave Enter Florida street	nes Jesite	B-12	_
	_ Kissii	MMLL City	Florida	34741 Zip Code	_
Many Danistana at America State of the Contract of the Contrac	·				

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

	Authorized Person(s) authorized to m	anage, enter the title, name, and address of each person being added
MGR = Ma AMBR = Au	nager thorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
<u> MGR</u>	Gerardo A. Torres	600 N thacken and Bradd
		Suite B-12, Kissimmel, Remove
		FC 34741 Change
		Remove
		Change
		Add
		Remove
		Change
		Change
		Remove
	' 	□ Change
		Add
		Remove
	[	Change

If amending any other	information, enter	hange(s) here: (A	ttach additional she	ets, if necessary.)	
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				SEP	7
	<u> </u>			SSE SSE	m
				FLORIDA FLORIDA	
<u> </u>					9
					-
	<u></u>				-
Effective date, if other	 than the date of filir	g:		(optional)	
(If an effective date is listed, th	ie date must be specific ur in this block does not	d cannot be prior to date meet the applicable st		O days after filing.) Pursuant to 60 ments, this date will not be list	
he record specifies a The 90th day after	delayed effective the record is filed	date, but not an	effective time, at	: 12:01 a.m. on the earli	er of:
Dated 9th of	September	2017			
·	,	prordo A	01686		
	Signature of a	nember or authorized	representative of a mem	ber	
	را د	0 - 1	10000		
	OLUM	MAW) H	1000		
	Gerk	Typed or printed nam	e of signee		

Filing Fee: \$25.00