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To:

Division of Corporations

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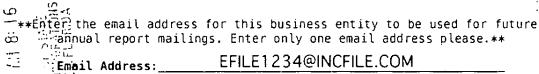
From:

Account Name : INCFILE.COM LLC Account Number : 120220000070

Phone : (888)462-3453

Fax Number

: (877)919-2613



FIRST CLASS TRANSPORT & LOGISTICS, LLC FIRST CLASS TRANSPORT & LOGISTICS, LLC

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M. SOLOMON

JUN - 5 2024

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## **COVER LETTER**

|           | Registration Se<br>Division of Cor    |  | •   | .,   | •  |       |
|-----------|---------------------------------------|--|---|--|--|-------|
| SUBJEC    |                                       | ASS TRANSPORT & LOGIST                       | TICS, LLC   |  |  |       |
| SOBJEC    | · · · · · · · · · · · · · · · · · · · | Name of Lim                                  | ited Liability Company  |  |  |       |
| The encl  | osed Articles of                      | Amendment and fee(s) are sub                 | mitted for filing.  |  |  |       |
| Please re | turn all correspo                     | ndence concerning this matter                | to the following:   |  |  |       |
|           |                                       | LOVETTE DOBSON                               |   |  |  |       |
|           |                                       |  | Name of Person  |  |  |       |
|           |                                       |  | Firm/Company  |  |  |       |
|           |                                       | 17350 STATE HWY 249 S                        | STE 220   |  |  |       |
|           |                                       |  | Address   |  | 2024<br>15.15.15.15.15.15.15.15.15.15.15.15.15.1 |       |
|           |                                       | HOUSTON, TX 77064                            |   |  | 2024 JUN   | " [ ] |
|           |                                       | EFILE1234@INCFILE.CO                         | City/State and Zip Code M   | · · · · · · · · · · · · · · · · · · ·  | 3377<br>3377<br>75                               | -     |
|           |                                       |  | to be used for luture annual report notif                           | ication)   | Att 9:<br>)ESE                                   |       |
| For furth | er information c                      | oncerning this matter, please co             | all:  |  | 57   |       |
| LOVET     | TE DOBSON                             |  | 1 888-462-3453  | 3  |  |       |
|           | Name o                                | f Person                                     |   | : Telephone Number   | _  |       |
| Enclosed  | l is a check for th                   | ne 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 I<br>Certificate of<br>Certified Copy<br>(additional copy i | Status &<br>y                                    |       |
|           | Mailing Addres Registration S         |  | Street Address:<br>Registration Sec                                 | etion  |  |       |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | PORT & LOGISTICS, LLC  |  |
|--|--|--|
| (Name of the Limited Liability Con<br>(A Florida Limit   | npany as it now appears on our reco<br>ed Liability Company) | ords.)   |
| The Articles of Organization for this Limited Liability Compa  | any were filed on 02/12/2016                                 | and assigned                                       |
| Florida document number L16000030133   |  |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited li  | lability company here:                                       |  |
| FIRST CLASS EXCAVATION SERVICES LLC  |  |  |
| The new name must be distinguishable and contain the words "Limited Li-  | ability Company," the designation "Ll                        | LC" or the abbreviation "L.L.C."                   |
| Enter new principal offices address, if applicable:  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  | 2022<br>31   |
| · · · · · · · · · · · · · · · · · · ·  |  | <u></u>  |
|  |  | >  |
| Enter new mailing address, if applicable:  |  | n Tien   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <u>्रीत जिल्ला</u><br><u>स्ट्र</u><br>शहर <b>भ</b> |
|  |  | ## ## ## ## ## ## ## ## ## ## ## ## ##             |
| * <u>-</u>   |  | 7  |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | ce address on our records, <u>ent</u>                        | er the name of the new registere                   |
| Name of New Registered Agent:  |  |  |
| New Registered Office Address:   |  |  |
|  | Enter Florida street addi                                    | ress   |
|  |  | Florida  |
|  | City   | Zip Code   |

New Registered Agent's Signature, il 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

| 6/4/20 | 024 17:17:12 CQT |               |                    |                     |                |             | ,,,,,= | <br>Page, 4/5 |
|--------|------------------|---------------|--------------------|---------------------|----------------|-------------|--------|---------------|
|        | If amending A    | authorized Po | rson(s) authorized | to manage, <u>e</u> | nter the title | , name, and | . , .  |               |
|        | or removed fro   | om our recor  | <u>ds</u> :        |                     |                |             |        |               |

| MGR =  | Manager           |
|--------|-------------------|
| AMBR = | Authorized Member |

| Title | <u>Name</u> | Address | Type of Action   |
|-------|-------------|---------|--|
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