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COVER LETTER

ТО	e: Registration Sec Division of Corp			
SU	вјест: Сар	ital City T	ransportationited Liability Company	LLC
The	e enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ase return all correspo	ndence concerning this matter	to the following:	
		Antwain	Name of Person	
			Firm Company	
		2336_(Oregory Drive	
		Tallahussee,	Florida 32303 City/State and Zip Code	····
			7 6) yallon, Com	
For	further information co	oncerning this matter, please ca	all:	
	Name of	l Person	at () Area Code Daytin	ne Telephone Number
Enc	closed is a check for th	ne following amount:		
ø	\$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 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

Capital City T	Company as it now appears on our rec	LC ords)
(A Florida	Limited Liability Company)	<u>vi u.s.</u> ,
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number	'	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "I	.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		芸者 ガ
Principal office address MUST BE A STREET ADDR	ESS)	
		= 511
Enter new mailing address, if applicable:		بې بې
(Mailing address MAY BE A POST OFFICE BOX)		479 ·
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	
	City	Florida Zip Code
	*	the control of the co

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 anrending 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
5 <u>ec</u>	Sabrina Williams	300 Ocala Or 300-268 Tallahassar Fl 34304	
		Tallahasser Fl 34304	Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more lote: If the date inserted in this block does not meet the applicable statutory filing rocument's effective date on the Department of State's records.	(optional) than 90 days after (iling.) Pursuant to 605.020' equirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	
ated Nov . 2017. What wain which eld Typed or printed name of signee	
ated $\frac{7700}{1}$.	

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Filing Fee: \$25.00