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COVER LETTER

TO:				
Division of Corporations MARQUETTI TRAN SUBJECT: The enclosed Articles of Amendment Please return all correspondence con	ETTI TRANSPORT SERVICE	S LLC		
		Name of Lit	nited Liability Company	
Division of Corporations SUBJECT: MARQUETTI TRANSPORT SERVICES LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: YOAN ESPINOSA Name of Person MARQUETTI TRANSPORT SERVICES LLC Firm/Company 2300 WARE DR Address WEST PALM BEACH FL 33409 City/Natae and Zip Code YOANV22@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YOAN ESPINOSA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Certificate of Status & Certificate Copy (additional copy is enclosed)				
Please re	eturn all corres	nondence concerning this matter	to the following:	
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Division of Corporations MARQUETTI TRANSPORT SERVICES LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: YOAN ESPINOSA Name of Person MARQUETTI TRANSPORT SERVICES LLC Firm/Company 2300 WARE DR Address WEST PALM BEACH FL 33409 City/State and Zip Code YOANV22@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YOAN ESPINOSA Name of Person 1 561 Area Code Daytime Telephone Number Finclosed is a check for the following amount: 2 \$255.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Mailling Address: Street Address:				
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			Firm/Company	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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		-	·	Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy
	Division of Corporations MARQUETTI TRANSPORT SERVICES LLC Name of Limited Liability Company osed Articles of Amendment and (ec(s) are submitted for filing. cturn all correspondence concerning this matter to the following: YOAN ESPINOSA Name of Person MARQUETTI TRANSPORT SERVICES LLC FirmiCompany 2300 WARE DR Address WEST PALM BEACH FL 33409 City/State and Zip Code YOANV22@GMAIL.COM E-mail address: (to be used for future annual report notification) et information concerning this matter, please call: ESPINOSA Name of Person at (a) 574-5348 Area Code Daytime Telephone Number is a check for the following amount: OFiling Fee Certificate of Status Certificate Copy (additional copy is enclosed) City/State and Zip Code YOANV22@GMAIL.COM E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) Certificate of Status Area Code Daytime Telephone Number			
For furth	er information			cation)
		0	561 574-5348	
	Name	of Person		Telephone Number
Enclosed	is a check for t	the following amount:		
■ \$25. 0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
]		Section	<u>Street Address:</u> Registration Sect	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT. ARTICLES OF ORGANIZATION OF

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MARQUETTI TRANSPORT SERVICES 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 MARCH 04, 2016	and assigned
lorida document number L16000046074	.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "Lin	mited Liability Company." the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	ed office address on our records, enter the	name of the new registe
tgent and/or the new registered office address here:		
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
-	Florid	u
	City , 1 lol lo.	Zip Code
new Registered Agent's Signature, if changing Registere	ed 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FANY MEJIA	2300 WARE DR	□Add
		WEST PALM BEACH, FL 33409	
			□Change
			□ Add
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ctive date, if other than th	e date of filing: OCT ()			(optional)	
effective date is listed, the date me: 1 If the date inserted in this					
ment's effective date on the	Department of State's rec	ords.	mig requireme	ins, mis date will not be	Hateu
ord specifies a delayed effect	ive date, but not an effecti	ive time, at 12:01 a	.m. on the earlie	r of: (b) The 90th day	after th
filed.					
OCT 11	2021				
ed OCT 11	, 2021				
		\rightarrow			
	Signature of a member of	authorized reprocess	dive of a member		-
	Signature of a member or	authorized represent	ative of a member		-

Filing Fee: \$25.00