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| (Requ | estor's Name) | |
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| (City/S | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Na | me) |
| (Docu | ment Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ing Officer: | |
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SECRETARY OF STATE

S Warren JUL 29 2016

COVER LETTER

| SUBJECT: | TRANSPOR | RTATION BJ BROTHERS, LLC | |
|-----------------------------|---|---|--|
| Subject. | Name of Lim | 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: | |
| | BA | ASSAN M EL HADDAD | |
| | | Name of Person | |
| | YES | S FAST SOLUTIONS LLC | |
| | | Firm/Company | |
| | 5 | 951 NW 151 ST SUITE 200 | |
| | | Address | |
| | М | IIAMI LAKES, FL 33014 | |
| | YESFASTS | City/State and Zip Code OLUTIONS@GMAIL.COM | . |
| | E-mail address: (1 | to be used for future annual report notifi | cation) |
| For further information co | ncerning this matter, please ca | all: | |
| YULIETH FIG | UEREDO | 305 927-9850 | |
| Name of | Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

| TRANSPORTATION BJ | BROTHERS, LLC | | |
|---|--|---------------------|------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appear Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability Company Florida document number | y were filed on | . 03/21/2016 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | bility company h | e <u>re</u> : | |
| N/A | | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the d | lesignation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | N/A | |
| Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: | | | 28 P 2: |
| Mailing address MAY BE A POST OFFICE BOX) | | | A GO |
| 3. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent: | | our records, | enter the name of the n |
| Name of New Registered Agent. | NI/A | | |
| New Registered Office Address: | N/A | rida street address | |
| | Later Flor | ida meet aamess | |
| | City | , Flori | idaZip Code |
| | | | |

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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------------------|-------------------------|----------------|
| MGR | Ana Sofia Quivera De Melean | 5265 NW 112TH AVE APT 1 | |
| | | DORAL, FL 33178 | ■ Remove |
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| ective date, if other than the da | ate of filing: | (optional) |
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