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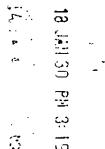
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COVER LETTER

SUBJECT:	TEAM 4 TRAN	SPORT LLC				
SUBJECT.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	MAR	IA TERESA BLIVEN				
		Name of Person				
	TEA	AM 4 TRANSPORT LLC				
	Firm/Company					
	911	E FAIRBAIRN DRIVE				
		Address				
	DE	LTONA, FLORIDA 32725				
		City/State and Zip Code				
		esa.bliven@yahoo.com				
	E-mail address: (to be used for future annual report notification	on)			
For further information co	oncerning this matter, please ca	all:				
Maria Teresa Bliven		386 383-1400				
Name o	f Person	Area Code Daytime Tele	ephone Number			
Enclosed is a check for the	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 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

	NSPORT LLC		
(Name of the Lim	ted Liability Company as it now a (A Florida Limited Liability Comp	any)	
he Articles of Organization for this Limited L lorida document number L16000098883		on May 20, 2016	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited liability compa	ny here:	
		·	~ 5
he new name must be distinguishable and contain the	words "Limited Liability Company,"	'the designation "LLC" or the abb	reviation 'L.L.C."
nter new principal offices address, if appli	cable:		<u>, </u>
Principal office address MUST BE A STRE	ET ADDRESS)		-7
			<u></u>
			<u> </u>
nter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
. If amending the registered agent and gistered agent and/or the new registered of		ss on our records, <u>enter t</u>	he name of the
gistered agent and/or the new registered c	met address nere.		
Name of New Registered Agent:	MARIA TERESA BLIVEN		
New Registered Office Address:	911 E FAIRBAIRN DRIVE		
	Ente	er Florida street address	
	DELTONA	, Florida	32725
	City	,	Zip Code

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.

May Over Run

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ARNULFO BURAAY	911 E FAIRBAIRN DRIVE	⊟ Add
		DELTONA, FLORIDA 32725	Remove
			Change
MGR	Aimee Marie Thierry	1702 Ben Cove Ct.	□ Add
		Orlando, Florida 32818	■ Remove
			□ Change
-			Add Remoye
			Change
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ffective date, if other than t an effective date is listed, the date in ote: If the date inserted in this becument's effective date on the	must be specific and block does not i	d cannot be prior to meet the applical	date of filing or		after filing.) Pur	
e record specifies a delay The 90th day after the r			an effective	e time, at 12:0)1 a.m. on t	he earlier
ated	· · · · · · · · · · · · · · · · · · ·	, 2018	_ •			
\	Www (Vin Signature of a	A.				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00