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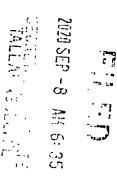
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## DecuSign Etivelope ID: 6C51D957-5976-47C3-A085-0E3893F3DA6B COVER LETTER

то:	Registration Sec Division of Corp		• •					
SUBJE	rct.	M & S TRANS	PORT SOLUTIONS.	LLC				
• 1913	ECT:	Name of Lim	ited Liability Company					
The en	iclosed Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please	return all correspon	dence concerning this matter	to the following:					
			MARTIN MEDI	NA				
			Name of Person					
		М &	S TRANSPORT SOI	UTIONS, LLC				
		<del></del>	Firm/Company					
			46 E. NEPTUNE S	ST.				
		Address						
			KISSIMMEE, FL 34	746				
			City/State and Zip Co					
			NMEDINA559@GM.			•	2	
For fur	rther information co	ncerning this matter, please ca					2020 SEP	
	MARTIN ME	DINA	407- at ( )	686-2044			8- d	* 4 ∃ts.
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<b>■</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is		S60.00 Fili Certificate Certified C	of Status Copy	æ	

Mailing Address:

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

Street Address:

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

## CocuSign Envelope ID: 6C51D957-5976-47C3-A085-0E3893F3DA6B ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	M & S TRANSPORT SOLUTIONS, L	l.C	
(Name	of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) v)	
The Articles of Organization for this	Limited Liability Company were filed on	09-16-2016	and assigned
Florida document numberL160	00173297		
This amendment is submitted to amer	nd the following:		
A. If amending name, enter the ne	w name of the limited liability company	<u>here</u> :	
The new name must be distinguishable and c	ontain the words "Limited Liability Company," th	e designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address	, if applicable:		<del></del>
(Principal office address MUST BE	A STREET ADDRESS)		
Enter new mailing address, if appli	cable:		
(Mailing address MAY BE A POST	· · · · · · · · · · · · · · · · · · ·	-	
B. If amending the registered agen agent and/or the new registered off	t and/or registered office address on our ice address here:	r records, <u>enter the nan</u>	ne of the new registered
			2020 7A
Name of New Registered A	gent:		- <u>-                                  </u>
New Registered Office Add			
	Enter F	Florida street address	70
	City	Florida	Zin Code
New Registered Agent's Signature if	•		- Fig. 23

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.

New Registered Agent's Signature, if changing Registered Agent:

DocuSign Envelope ID: 6C51D957-5976-47C3-A085-0E3893F3DA6B 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
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