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## COVER LETTER

Division of Corpo	rations		
SUBJECT: CDR	Transport	ited Liability Company	
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
•	Cecilia	Merino Name of Person	
		1507, CCC Firm/Company	
	1004 ME	4 Hve. Address	
	Homeste	City/State and Zip Code	<u>D</u>
		O Yahoo. Com to be used for future annual report notifica	
	E-mail address: (	to be used for future annual report notifica	tion)
For further information con-	cerning this matter, please ca	all:	
Cecilia Name of P	Merino	at (305) G07 e Area Code Daytime To	elephone Number
Enclosed is a check for the	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** 

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

CDR Trans DorT  (Name of the Limited Liability Compar (A'Florida Limited L	LLC ny as it now appears on our rec iability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>Li6000 Z 10 19</u> Z	were filed on 11-16	- ZO16 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		: 1 : 0
Enter new mailing address, if applicable:		· - 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>⊕ 00</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, <u>enter the name of the new</u>
Name of New Registered Agent:	*******	
New Registered Office Address:	Enter Florida street ad	ldrass
	_	
	City	, <b>Florida</b> 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.

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 **Title** Name Address Type of Action MGR Rafael D. Pena Diegrez 1004 NE 4 AVE Homested & 33030 ☐ Change MGR Cecilia Merino 1004 HE 4 AVE Homestead A 33030 ☐ Remove ☐ Change □ Add E □ Remove A Change \_D Add \_O ☐ Remove Change ☐ Add ☐ Remove \_□ Change □ Add ☐ Remove

☐ Change

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Filing Fee: \$25.00