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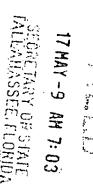
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COVER LETTER

TO:	Registration S Division of Co	Section orporations				
		INTER CONTINENTA	L TRANSPORATION LL	С.		
SUBJ	ECT:	Name of Lim	ited Liability Company	<u> </u>		
The e	nclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please	e return all corresp	condence concerning this matter	to the following:			
			SHELDON F. SERRAO			
			Name of Person			
		INTER CONTIN	IENTAL TRANSPORTATIO	ON LLC		
		Firm/Company				
		1081	4 NW 33rd STREET (SUIT	E 115A)		
Address						
		Do	ORAL, FLORIDA 33172			
	•	· · ·	- City/State and Zip Code	•		
		E-mail address: (to be used for future annual report noti:	fication)		
For fu	irther information	concerning this matter, please concerning the con	all:			
Name of Person INTER CONTINENTAL TRANSPORTATION LLC Firm/Company 10814 NW 33rd STREET (SUITE 115A)						
			Area Code Daytim	e Telephone Number		
Enclo	sed is a check for	the following amount:				
E \$2	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:

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

Inter Continental Transportation LLC

(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on iability Company)	our records.)	··
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	03/06/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	10814 NW 33r	d STREET. SU	TE 115A
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33172		
Enter new mailing address, if applicable:	10814 NW 33rd	d STREET. SUI	TE 115A
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	<u> </u>		the name of the ne
	Enter Florida s	street address	
	City	, Florida	Zip Gode
New Registered Agent's Signature, if changing Registered Agent:		آهم	•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am f oter 605, F.S. Or,	amiliar with and if this document is
If Chan	ging Registered Agent,	Signature of New Re	gistered 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>	Address	Type of Action
MGR	ENRIQUE ESTRADA	2181 SW 89th Ave. Miami, FL 33165	🗆 Add
			■ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
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Filing Fee: \$25.00