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COVER LETTER

то:	Registration Se Division of Cor			
CHD IE	THE VOR	TEX TRANSPORTATION LI	.C	
SUBJE	CT:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		NATASHA FORMETA		
			Name of Person	
		THE VORTEX TRANSPO	ORTATION LLC	
			Firm/Company	
		2269 NW 33ST		
			Address	
		MIAMI, FL 33142		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furth	ner information co	oncerning this matter, please co	all:	
NATAS	SHA FORMETA			
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed	d is a check for th	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:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 SEP 18 PM 2:22

THE VORTEX TRANSPORTATION LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

TIME I SECOND SE			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here	;
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the desi	gnation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)	 	
			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and	Var ragietarad		
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address he	office address on o	
B. If amending the registered agent and registered agent and/or the new registered of	I/or registered office address he	office address on o	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	l/or registered office address he	office address on o	
Name of New Registered Agent:	office address he	office address on o	
registered agent and/or the new registered (office address he	office address on o	
registered agent and/or the new registered of New Registered Agent:	office address he	office address on o	ur records, enter the name of the o
registered agent and/or the new registered of New Registered Agent:	N/A	office address on o ere: Enter Florida	ur records, enter the name of the i

If Changing Registered Agent, Signature of New Registered Agent

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 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
AMBR	MARCO CESAR RESENDIZ	899 NW 111TH AVE PLANTATION, FL 33324	
			□ Remove
			Change
			Add
			Remove
			Change Add
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			Remo R.
			☐ Change
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n/a	<u>. </u>	
•		TILEL
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		TALLAHASOFE FLORAL
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		<u> </u>
		
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing r	(optional) e than 90 days after filing.) Pursuant to 605,0207 (requirements, this date will not be listed as the
the record specifies a delayed) The 90th day after the reco	effective date, but not an effective timord is filed.	ne, at 12:01 a.m. on the earlier of:
Dated September 13	. 2017	
Natas	sha Formeta	
	Signature of a member or authorized representative of	a member
Natasha Formeta		
	Typed or printed name of signee	

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Filing Fee: \$25.00