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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
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COVER LETTER

Division of Corp	porations		•
SUBJECT:	7 TRANSPOR	T LLC	
301101.	Name of Limi	ited Liability Company	
The enclosed Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	TAMARIS	Name of Person	
	47 TRANSP	Firm/Company	
		Firm/Company	
	537 NW 474	TERRALE Address	
		Address	
	MIAMI /F	33127	
		City/State and Zip Code	
	TAMACIS JAMES C	Yalloo.com to be used for future annual report notifications.	
			.catton)
For further information co	oncerning this matter, please ca	ill:	
TAMACIS)A	m=S	at (786) 340 (Area Code Daytime	0982
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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:

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

FILED

47 TRANSPURT L	. C.	2019 JAN 24 PM 2: 19
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record lability Company)	E) FULL TABLE OF STATE (ALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number 1700107337	were filed on $\frac{05/15/2}{2}$	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	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)		
Enter new mailing address, if applicable: (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	fice address on our records	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	<u> </u>	
	Enter Florida street addres	<i>S</i>
	Flo	orida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		1
I hereby accept the appointment as registered agent and agre		

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

	Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address	of each person being ad
MGR = -M			
<u>Title</u>	Name	Address	Type of Action
MBR	GOA, MAURICE	537 NW 47th TERRACE MIAMI / R 33127	Add
			Remove
			Change
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<u>te:</u> II t	e date, if other than the date of filing:	Pursuant to 605.0 vill not be listed
he 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. o Oth day after the record is filed.	n the earlie
ed	11 / 13 . 2018	
	/ / /	
	Signature of a member of authorized representative of a member	
	TAMARIS JAMES Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00