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TALLAHASSEE. FLORIDA

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		Transportation	n LLC
	Name of Limi	ted Liability Company	1
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following	
	Ser	ghei Miroshic Name of Person	inco
		2 Transporta	
	100 Golden	Isles or apt	1010
	Hallanda	le Beach, FL :	33009
	serimira	City/State and Zip Code 5 @ Gmail. Com o be used for future annual report no	tification)
For further information c	oncerning this matter, please ca		inicationy
Elena Mira	snicenco		-5685
Name o	f Person	Area Obde Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Registration Sect Division of Corp Clifton Building 2661 Executive C	orations Center Circle
		Tallahassee, Fl. 3	2301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SM White Transp	ortation 66C	
(Name of the Limited Liability Company (A Florida Limited Lia	y as It now appears on bur records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 08/01/2017 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u> N\C	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	"I Company" the decignation "I I C" or the abbreviation "I I C"	
	y company, the designation left of the aboveviation left.c.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	η[α	TALL SEC
Enter new mailing address, if applicable:	JAN 16	RETARY AHASSE
(Mailing address MAY BE A POST OFFICE BOX)	Na 3	OF STATE
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		
Name of New Registered Agent:	nla	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as prebeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and royided for in Chapter 605, F.S. Or, if this document	•
If Chang	ing Registered Agent, Signature of New Registered Agent	

MGR = Manager AMBR = Authorized Member Address 100 Golden Isles of apt 1010 Hallandale Beach, FL 33009 XAdd **Type of Action Title** Name AMBR Elena Mirosnicenco ☐ Remove ☐ Change DbA 🗖 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ 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:

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		***************************************			18 JAN 16
	·				PM -:
 					: 2 <u>]</u>
					
<u>- </u>			1		
	other than the date of fill	ing: <u>0111</u> 2	2018	(optional)	
te; If the date in	isted, the date must be specific a serted in this block does no we date on the Department o	t meet the applicable	ate of filing or more the statutory filing req	an 90 days after filing.) P uirements, this date wi	ursuant to 605,0207 Il not be listed as
	ies a delayed effective after the record is file		n effective time	, at 12:01 a.m. or	ı the earlier o
ted 01	12/2018	<u>, </u>			
	Signature of	a member or authorize	ed representative of a r	nember	
(perghei Min				

Page 3 of 3

Filing Fee: \$25.00