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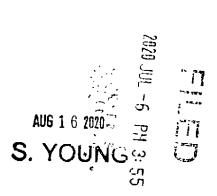
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	y in the Tra	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		Viosy C. Diaz	
		Firm/Company	
	30^r	18 Sw 4th Street	
	<i></i>	City/State and Zip Code	
		trensport a gmail Cor	
For further information c	oncerning this matter, please c		
Name o	Poy C. Biaz	at ( <u>546</u> ) <u>448</u> Area Code Daytime	- 9600 Telephone Number
Enclosed is a check for th	ne 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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y: we	a Transport Wi	_		77
(Name of the Limited	Liability Company as it now appe A Florida Limited Liability Company)	ars on our records.)		4 m 1 mg
(,	v rismaa ramaca manniig Company)	,		
The Articles of Organization for this Limited Lial	bility Company were filed on _	07/01/	and assigned	
Florida document number <u>L170003438</u>	<u> </u>	, ,	ယ <u>ှ</u> ိ	e 125 '
This amendment is submitted to amend the follow	ving:		, in	
A. If amending name, enter the new name of t	he limited liability company h	<u>iere:</u>		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the	designation "LLC" or t	the abbreviation "L.L.C."	
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	<del></del>			_
				—
		<del>-</del>		—
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
	<del></del>			_
B. If amending the registered agent and/or reg	istered office address on our i	records, <u>enter the</u>	name of the new regi	stered
agent and/or the new registered office address	here:			-
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	rida street address		_
		Florida	•	
	City		Zıp 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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		3313 <i>S</i>	
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Please	Change	Title	from	MGR.	40	President	for
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it in the date	other than the listed, the date mu inserted in this b ive date on the D	iock does not	i meet ine a	poucable stat	Ciling or utory fil	(opt more than 90 days afte ing requirements, th	ional) or filing.) Pursuant to 605.0207 is date will not be listed as
cord specifies a s filed.	a delayed effectiv	e date, but n	ot an effect	íve time, at 17	2:01 a.m	i. on the earlier of: (	b) The 90th day after the
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Filing Fee: \$25.00