117000244872

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Ťγ:	Registration Se Division of Cor			
		RANSPORT LLC		•
SUBJE	СТ:	Name of Lim		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		CHARLES GENTRY		
		 	Name of Person	
		ACCOUNTING AND TA	X ASSOCIATES	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		1903 N HERCULES AVE		
			Address	
		CLEARWATER, FLORID	A 33763	
			City/State and Zip Code	
		CHARLIE@ACCOUNTIN	GANDTAXPA.COM to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	·	Carlony
CHARI	LES GENTRY		727 230-6964 at ()	
	Name of	î Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERLIN TRANSPORT LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)	 -
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{\text{L}17000244872}{\text{L}}$.	ere filed on NOVEMBER 29, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability of Enter new principal offices address, if applicable:	Company," the designation "LLC" or the abb	reviation "L.L.C."
Principal office address MUST BE A STREET ADDRESS)		SE SE
Enter new mailing address, if applicable:		APR-5 PH 1: 59
3. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter t	he name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	ANDRE KERESZTES	4045 SHERIDAN #248	■ Add
		MIAMI BEACH, FL 33140	□ Remove
			☐ Change
		_	Add
			□ Remove
			□ Change
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			□ Remove
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			☐ Change

ANDRE KI	ERESZTES OWNERS	HIP 50%	ó							
PETER KE	RESZTES OWNERS	HIP 10%								
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effective date is te: If the date	s listed, the date must be s inserted in this block a live date on the Depart	pecific and loes not a	d cannot be p meet the ap	plicable st			90 days a	fter filing	.) Pursuant	
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Page 3 of 3

Filing Fee: \$25.00