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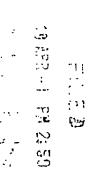




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COVER LETTER

то:	Registration Section Division of Corpora		•	
SUBJE	CT:	O ! A Tran	2 DY TS LL C	
The enc	losed Articles of Ame	andment and fee(s) are subm	itted for filing.	
Please re	eturn all corresponder	nce concerning this matter to	the following:	
	-	Danie	Name of Person)
	-	C'A-	Transports U	
	-	5532	el Paso	ct
	-		Since and Sin Code A 11 C Q Y ChOO. CO.	
For furth	ner information conce	rning this matter, please call	ŀ	
Do	anielle Per Name of Per	an QUENO	at (863) 517 Area Code Daytine	4 8 2 8 Telephone Number
Enclose	d is a check for the fo	llowing amount:		
□ \$ 25	00 Filing Fee C	1 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

C'A Tranzpa	rts LLC	
	iability Company as it now appears on our records, lorida Limited Liability Company))
The Articles of Organization for this Limited Liab Florida document number <u>L17000 255</u>		317 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		* E
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	77
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	City.	rida

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

or removed from our records: names are the same Only Changing Company name MGR = Manager AMBR = Authorized Member **Address Type of Action** Title Name \Box \land dd_□ Remove Change _□ Add _□ Remove _□ Change _□ Add □ Remove _□ Change _□ Add □ Remove _□ Change □ Add _ Remove _□ Change _□ Add _□ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

_□ Change

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(If an eth Note:	etive date is lis If the date ins	erted in this block	e specific and cannot	ie applicable statut	ling or more ory filing re	than 90 days at	otional) ther filing.) Pursuant to his date will not be	605.0207 (. listed as tl
		es a delayed e fter the recor		but not an effe	ctive time	e, at 12:0:	La.m. on the ea	ırlier of:
Dated_	March	29	. 2	1019				
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Page 3 of 3

Filing Fee: \$25.00