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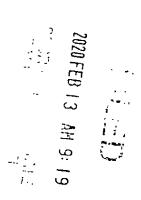
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COVER LETTER

Tallahassee, FL 32314

TO: Registration: Division of Co			
	ANSPORTATION GROUP, LL	С	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	nondence concerning this matter	to the following:	
	DORCAS TROCHE		
		Name of Person	
	RCG ACCOUNTING & A	ASSOCIATES, INC	
		Firm/Company	
	9000 SHERIDAN STREE	T SUITE 138	
		Address	
	PEMBROKE PINES, FL	33024	
		City/State and Zip Code	
	DORCAS@RCGACCOUN		
For further information	concerning this matter, please c	to be used for future annual report not all:	meanony
DORCAS TROCHE		954 862-2222	
Name	of Person	at () Arca Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addr Registration		<u>Street Address:</u> Registration Se	ection
•	Corporations	Division of Co	
P.O. Box 63	•	The Centre of 1	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L&M TRANSPORTATION GROUP, LI		
(<u>Name of the Limited Lin</u> (A Flo	ability Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 01/08/2018	and assigned
Florida document number L18000007197	 ·	
This amendment is submitted to amend the following	<u>i</u> .	
A. If amending name, enter the new name of the	limited liability company here:	
L&M INTERNATIONAL GROUP, LLC		- >
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	the abbreviation L.L.C."
Enter new principal offices address, if applicable:		TE D
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	9
B. If amending the registered agent and/or registe agent and/or the new registered office address her		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter e torida sit eet adaress	
	, Florid	
	City	Zip 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, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MYRIAM LISETTE ROZO	1440 CANARY ISLAND DRIVE	□Add
		WESTON, FL 33327	□Remove
	·		DAdd
			7020 FEB
			Live hange
			□ I I I I I I I I I I I I I I I I I I I
			☐ Change
			□Add
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		 	□Change
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