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(Requestor's Name) (Address)	800309981598
(City/State/Zip/Phone #)	03/06/1801015028 **25.00
(Business Entity Name) (Document Number)	
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COVER LET	FTER
TO: Registration Section Division of Corporations	
SUBJECT: Mars Transport LLC Name of Limited Liability Compar	ny
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Paula F. Name of Person	Montoya
Paula Mont Firm/Compar	toya Law
5323 Millenia Address	Lakes Blud. ste. 300
Orlando FL 32 City/State and Zp	2839 D Code
E-mail address: (to be used for future a	annual report notification)
For further information concerning this matter, please call:	
Paula F. Montoya at (407 Name of Person at (407	de Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S55.00 Filing Fee S55.00 Filing Certificate of Status Certified Co tadditional or	
Registration SectionReDivision of CorporationsDiP.O. Box 6327GliTallahassee, FL 3231426	TREET/COURIER ADDRESS: egistration Section ivision of Corporations ifton Building 661 Executive Center Circle allahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# MARS TRANSPORT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/18/2018}{2}$ and assigned Florida document number L18000016642 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: I (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

### MGR = Manager

Title	<u>Name</u>	Addres	<u>ss</u>	<b>Type of Action</b>
MGR	Manuel A. Revenga Salas	161 W.	Landstreet Rd.	🖬 Add
		Orland	o, FL 32824	Remove
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'an effective date is listed, the date mu <u>Note:</u> If the date inserted in this b locument's effective date on the L	st be specific and car lock does not meet	t the applicable s		than 90 days after	filing.) Pursuant to	
e record specifies a delaye The 90th day after the rec	d effective date ord is filed.	e, but not an	effective tim	e, at 12:01 a	a.m. on the ea	rlier o
Pated	<u>2</u>	2018				
Mom	THE A					
/=	Signature of a mon	nber or authorized	representative of	a member		
Manuel A. Revenga	Salas					
	Ty	ped or printed nar	e of signee			

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