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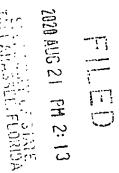
(Requestor's Name)
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## **COVER LETTER**

TO:

	Registration Se Division of Cor			
cub ibc	Felipe Made	e Transport LLC		•
SUBJEC	1:	Name of Lim	nited Liability Company	
The enclo	sed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Farlandias Maxey		
			Name of Person	
		(700 NW 73 1 DI	Firm/Company	2020 AUG 21
		6790 NW 73rd Pl	Address	6 21
		Ocala, FL 34482	, idale	PH 2: 13
		fmtransportlle0118@gmail.	City/State and Zip Code	13 13
			to be used for future annual report noti	fication)
For furthe	r information c	oncerning this matter, please c	all:	
Farlandia.	s Maxey		404 272-1880 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
	Division of C		Division of Cor	
F	P.O. Box 632	7	The Centre of T	fallahassee
7	Fallahassee, F	·L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Felipe Made Transport LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u> )
ne Articles of Organization for this Limited Liability Company	v were filed on 01/22/2018	and assigned
orida document number 1.18000018402		
nis amendment is submitted to amend the following:		·
If amending name, enter the new name of the limited lial	bility company here:	
SM Transportation Solutions LLC		
e new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	On the abbreviation "L.L.C."
iter new principal offices address, if applicable:		DO ALIG
rincipal office address MUST BE A STREET ADDRESS)		<u> </u>
nter new mailing address, if applicable:		H 2: 15
Aailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	address on our records, enter	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enser Florida street addre	ess
	F	lorida
	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 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
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			□Remove
			☐ C'hange
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n effective date is listed, the date mute:  If the date inserted in this b	er he specific and car	nnot be prior to c	late of filing or me	ore than 90 days a	ifter filing	g.) Pursu	ant to 605.02 of be listed
cument's effective date on the E	Department of Stat	e's records.					
ecord specifies a delayed effecti	on data but not an	affective time	ar 12:01 a m	on the earlier o	i: (b) T	he 90th	day after th
is filed.	to date, out not an				•		-
August 18		2020					
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