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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: * Registration Section

Division of Corp	orations				
	NSPORTATION, LLC				
SUBJECT:	Name of Lim	ited Liability Co	npany	<u></u>	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing			
Please return all correspon	dence concerning this matter	to the following	 g: 		
	EMILIO RODRIGUEZ				
		Name of	Person		
	LUKA TRANSPORTATIO	ON LLC			
		Firm/Cor	npany		
	3621 SW 10TH ST APT 1				
		Addre	ss	·····	
	MIAMI FL 33135				
		City/State and	Zip Code		
	E-mail address: (to be used for fut	ure annual report no	tification)	
For further information co	ncerning this matter, please ca	all:			
EMILIO RODRIGUEZ		786	575-3311		
Name of	Person	at (Area	Code Daytii	ne Telephone Number	_
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 F Certifie (additions		☐ \$60,00 Filing For Certificate of Societified Copy (additional copy is	Status &
Registra Divisior P.O. Bo	NG ADDRESS: ntion Section n of Corporations x 6327 ssee, FL 32314		STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

LUKA TRANSPORTATION 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 01/22/2018 and assigned Florida document number _ L18000018749 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 "L.L.C." Enter new principal offices address, if applicable: (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 nameof registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

lf amendin or removes	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added r removed from our records:					
MGR = A AMBR = A	Manager Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	EMILIO RODRIGUEZ	3621 SW 10TH ST APT 1	= Add			
		MIAMI FL 33135	□ Remove			
			☐ Change			
		_				
			□ Remove			
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	ding any other information,	enter change(s) her	:: (Attach additional sheets,	if necessary.)	
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	rd specifies a delayed effo Oth day after the record i		t an effective time, at 12	2:01 a.m. on the earlier	of:
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Filing Fee: \$25.00