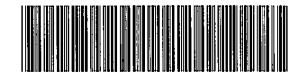
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SECRETARY OF STATE
SINGER CORPORATIONS
DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO:

Registration Section

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Division of Corporations	
SUBJECT: NAM + transport LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Hérry Rodrigues  Name of Person  Vivon Carrier Services Enc  Firm/Company	
5375 NW HALL	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)	$\sim$
For further information concerning this matter, please call:	
Heiby Rodrigue & at (305) 392 W35  Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section

Tallahassee, FL 32301

Division of Corporations Clifton Building 2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 name of the new registered agent and/or the new registered office address here: Norlan J Honcada Gonzalez Name of New Registered Agent: 8600 NW South River De Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Changing Registered Agent, Signature of New Registered Agent

Medley Florida 33166
Zip Code

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 = Manag AMBR = Autho	-		
	Name_	Address	Type of Action
MGR,	Aridio Popoteu	r 2527 w 76 St Apt 108 Hialech Fl 33016	Add
		Hialech Fl 33016	Remove
			<b>X</b> Change
16n 1	Jorlan J Moncad	River De	🗆 Add
~		Medley, F133166	Remove
•	p Address)		Change
ebn cl	audia JRodniqu	rez 8600 NW South River De Medley, F13316	🗆 Add
	Rodaquez	Medley F13316	<b>८</b> □ Remove
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earli	er o
	Hay 14 2018		

Page 3 of 3

Filing Fee: \$25.00