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2024 JUL 18 PHI2: 45

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COVER LETTER

TO: Registration Section

Division of Corp	norations								
	RANSPORT LLC								
SUBJECT:									
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.							
Please return all correspon	ndence concerning this matter	to the following.							
	BERENICE IPIA-FELICL	ANO							
		Name of Person							
	PRATS, FERNANDEZ &	CO., P.A.							
Firm/Company									
	999 PONCE DE LEON BLVD. STE. 1110PH								
	Address								
	CORAL GABLES, FL 33	134							
		City/State and Zip Code							
	ADMIN@PRATSFERNA? E-mail addiess: (ODEZ.COM to be used for future annual report no	(dication)						
For further information co	oncerning this matter, please c								
BERENICE IPIA-FELIO	TANO	305 444 8333							
Name o	f Person	Area Code Daytii	ne Telephone Number						
Enclosed is a check for the	ne following amount:								
□ \$25.00 Filing Fee	S30.00 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 Address Registration 9 Division of C P.O. Box 632	Section orporations	Street Address: Registration S Division of Co The Centre of	orporations Tallahassee						
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 JUL 18 AM 9: 04 SADDLE TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on $\frac{02/06/2018}{1}$ ____ and assigned Florida document number _1.180(n03363) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SADDLE SERVICES, 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: (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 ___, Florida ___ Cin New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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			Change
			
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Effective date, if of (If an effective date is listed Note: If the date instance) document's effective	sted, the date must be spaceted in this block do	ecific and o ses not mu	cannot be price eet the appli	icable statu	tory nung i	than 90 days equirements	optional) after filing , this date) Pursuant	to 605.02 be listed	:07 (as ti
he record specifies a dord is filed.	lelayed effective date	, but not a	m effective	time, at 12	(01 a m. on	the earlier o	if: (b) Tì	ne 90th da	y after th	າຍ
Dated		,	2024							
	Sign	ture of a m	nember or au	thorized repr	esentative o	a member				

And the second second