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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

TO: Registration : Division of Co	
SUBJECT:	YNL TRANS PORT Le Name of Limited Liability Company
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	Luis E GUARPO PONCE
	Name of Person
	HOL TRANSPORT LCC Firm/Company
	2871 SW 34Th AVE
	Address
	MIRMI FL 33/33 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Luis E. Go	JAPANO POPCE 305, 7263610
Name	of Person at (305) 726 38/0 Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANL transport LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	were filed on $\frac{03/29//8}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	
	SEE O III
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	080 T: 0
	PF
D. If amounting the assistant areas well-assistant are	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	
new registered Office Address.	Enter Florida street address
	, Florida
	City Ziv 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 Changing Registered Agent, Signature of New Registered Agent

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Y Change
AMBR	Lisert ABREGO 28	B71 SW 3414 DUE ALAMI FE 33139	} □ Add
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			Change
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record sp The 90th	ecifies a de day after the	ayed effective record is file	ve date, but ed.	: not an eff	ective time	e, at 12:01	a.m. on th	ne earlier o
ated			·	<u>J.</u>				
		Signature	of a member or	authorized repr	esentative of a	member		*
_			F G c	-				

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00