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| PICK-UP | ☐ WAIT | MAIL |
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| ertified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corpor | | | |
|---|---|---|---|
| SUBJECT: Mi | cah Trunp Name of Linlite | ort LLC ed Liability Company | <u>. </u> |
| The enclosed Articles of Am | endment and fee(s) are subm | itted for filing. | |
| Please return all corresponde | ence concerning this matter to | the following: | |
| | Juan | Portalata Name of Person | |
| | | Firm/Company | |
| | 46 Mendow | lark Drive | |
| | Crawfordville | FL 32327 City/State and Zip Code | |
| - | M: Ca 4tran Sorta E-mail address: (to | tionLLC & gmeil, con be used for future annual report notification | un) |
| For further information conc | erning this matter, please cal | 1: | |
| Juan Por | talatin | at (850) 597 - Daytime Tele | 0569 ephone Number |
| Enclosed is a check for the fo | ollowing amount: | | |
| \$25.00 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

| Micah | Tranport LLC | |
|--|--|--|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Company as it now appears on o a Limited Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liability (Florida document number <u>L \$000 2-8 6 5</u> | | $\frac{-24-18}{}$ and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim Micah Transport The new name must be distinguishable and contain the words "Lim | | 3 3 4 4 4 |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designa | tion "LLC" or the abbreviation "LLC." |
| Enter new principal offices address, if applicable: | | 一 |
| (Principal office address MUST BE A STREET ADD | <u> </u> | 100 3 |
| | - | The state of the s |
| Enter new mailing address, if applicable: | | a p |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or regiregistered agent and/or the new registered office add | | records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida str | eet address |
| | | Florida |
| | 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 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 = Authorized Member Title Name Address Type of Action □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change Remove ☐ Add ☐ Remove ☐ Change □ Add _□ Remove __ Change □ Add □ Remove _ Change

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| (If an ei <u>Note:</u> | tive date, if other than the date of filing: |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed. |
| Dated | 5-25-18 |
| | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00