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COVER LETTER

TO: · · Registration Section Division of Corpor			
SUBJECT: THE	Trunsport S	Services LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Brander	Tyunsport Services LLC Firm/Company W 75th Author Address anderdale, FL 33319 City/State and Zip Code en 1805@9mail.com ress: (to be used for future annual report notification) rase call: at (954) blb 2014 Area Code Daytime Telephone Number	
		Name of Person	
	Tyler Ty	cansport Service	LLC
		Firm/Company	
	5105 NW	754 Avenue	
		Address	
	Fort Land	1, dale, FL 3331	٩
			· · · · · · · · · · · · · · · · · · ·
_	Branden	1805@ gmail.com	
	E-mail address: (to be used for future annual report notion	fication)
For further information conce	erning this matter, please co	ill:	
Branden T.	1/21	at (954) 666 20	014
Name of Per	rson	Area Code Daytim	e Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

Tyler Transport	Services	LLC			
1 yler Transport (Name of the Limited Liability (A Florida)	Company as it now imited Liability Con	appears on our (records.)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L18000135186</u>	mpany were filed	cia	1/2018	_ and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability comp	any here:			
The new name must be distinguishable and contain the words "Limite	ad Linkility Company	" the Amilian tion	will' washinghia	unianium est	<u> </u>
	есі главніку Сотрану	, the designation	1 1.1.C or the abort	eviation 12.	ı
Enter new principal offices address, if applicable:					35.
(Principal office address MUST BE A STREET ADDRE	<u></u>			<u>_</u>	
				œ >>	20 SEC
Enter new mailing address, if applicable:		 _	_	<u>ェ</u>	- ĝ
(Mailing address MAY BE A POST OFFICE BOX)				بن بن	<u> </u>
				<u> </u>	<u> </u>
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ess on our re	eords, <u>enter th</u>	e name	of the ne
Name of New Registered Agent:				· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:					
	En	ter Florida street i	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Fort Landerdala, FL 33319	□ Remove
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reffective dati te: If the da	e is listed, the date must be ite inserted in this block	specific and or does not me	cannot be prior eet the applic	to date of filing able statutory	or more than 90 d filing requireme	ays after filing.) Pu nts, this date wi	irsuant to 605 Il not be list	5,02 ted
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Filing Fee: \$25.00