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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	UPLX BUSE Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fec(s) are subt	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Jahteul	1 Goldnorino Name of Person	
	()pe	X BUSES LLC Firm/Company	
	408 EL	umsden Road Address	
	Bra	ndon, FL 3351 City/State and Zip Code	<u>.</u>
-	E-mail address: (t	1 Ym + (0 9 mail C) o be used for future annual report notifi	OM cation)
For further information cond	cerning this matter, please ca		
Juhteuh (3 Name of Pe	0/000/01/00 erson	at (<u>700</u>) <u>908</u> - Area Code Daytime	CG92 Telephone Number
Enclosed is a check for the t	following amount:		
52 \$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

(Name of the Limited Liab	SUL LLC pility Company as it now appears on edida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 800015023</u> 5	Company were filed on june	<u>e 14, 7018</u> and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and contain the words "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		nation "ELC" or the abbreviation "E.L. (C.)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on ou <u>ddress here</u> :	ur records, enter the name of the	<u>e ne</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	street 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>	<u>Address</u>	Type of Action
414BR	Amanda Flowers	408 E Lumsden Road	Add Add
		Brandon, FL 33511	☐ Remove
			Change
			□ Remove
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			FILED COMPA
			Change
			Add
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			☐ Remove
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Filing Fee: \$25.00