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Office Use Only

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Division of Co			
SUBJECT: M		KO HOS, Who	
The enclosed Articles of	f Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	oondence concerning this matter t	to the following:	
	Tamesha	Martiniz Name of Person	
	Mand	T Exotics,	LLC 28
		2544 Drive	I APR 26
	Gamesville,	Monda 3266 City/State and Zip Code	05 E S
	mandte		100.00M
For further information	concerning this matter, please ca	ıll:	
M 1 chael Name	Martinez	at (352) 339 Area Code Daytime	-3011 Telephone Number
Enclosed is a check for	the following 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 Addr Registration Division of		Street Address: Registration Sec Division of Corp	
P.O. Box 63		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NA and T Exabical A

(Name of the Limited L	iability Company as it now appears on our records.) Florida Limited Liability Company)
(A F	forida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L 18000 15 75 S</u>	lity Company were filed on <u>JWNL 27, 2018</u> and assigned 83
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
	Sales and Transport, LLC.
fhe new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
	26
	မြောင်းများသည်။
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u>~</u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:	
•	
MGR = Manager	•.
AMBR = Authorized Member	``

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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tive date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of fil If the date inserted in this block does not meet the applicable statute ment's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) P ory filing requirements, this date w	ursuant to 605.0.
ord specifies a delayed effective date, but not an effective time, at 12:0 filed.	I a.m. on the earlier of: (b) The	90th day after t
A 10.00 1 0 2021		
michael Mulene		