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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>Pe</u> j	ATA Trans Name of Limi	POTT L. L. C	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Eubanio</u>	Peral Ta	
	\sim \sim	Name of Person (an Sport L . L . C) Firm Company	<u></u>
	4202 Urg	Vart ST Lake We	604 <u>h</u>
	Poral a Peroz 1 E-mail address:	FL 33401 City/State and Zip Code 00766mael-10M to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
EUGANIO Name o	Perafta Person	at <u>(SWL</u>) <u> </u>	Telephone Number
Enclosed is a check for the	ne 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 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

Peralta Transi	not L.L.C	
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our reco liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>118000177057</u> .	were filed on $\frac{7/23/3}{6}$	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		ب ا 1000 د ا
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		10: RANGE
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
. Tew Register Street, state of the second	Emer Florida street add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60,	and I am familiar with and 5, F.S. Or, if this document is

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 remoyed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Jorbe L. Perafta	4202 UZQUART ST	M Add
		Lake Worth FL 33461 4202 Vravait ST	Remove
,		4202 Vravait ST	Change
M612	Henry PeralTa	Lake Worth FZ 33461	t Add
			Remove
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ffective date, if other than the date of fi	ling: 8/07	12018	(optional)	
an effective date is listed, the date must be specific ote: If the date inserted in this block does n	and cannot be prior to da		n 90 days after filing.) Pe	
ocument's effective date on the Department		statemy ming requ	memena, ma date wa	The be nated a
e record specifies a delayed effective.		n effective time,	at 12:01 a.m. on	the earlier of
The 90th day after the record is file	u.			
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Signatury	f a member or authorize	d representative of a n	nember	

Page 3 of 3

Filing Fee: \$25.00