## 118000213732

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SOL TRAN	SPORT USA LLC		
	SPORT USA LLC  Name of Limi	ted Liability Company	
	Amendment and fee(s) are submidence concerning this matter t	<u>-</u>	
riease return an correspon	Roberto Del Sol	to the tonowing.	
		Name of Person	
	SOL TRANSPORT USA LL	.C	
		Firm/Company	
	11617 Grove Place		
	Seminole, FL. 33772	Address	
	SOLTRANSPORT.USA@gm	City/State and Zip Code nail.com	<del></del>
	E-mail address: (1	to be used for future annual report	notification)
For further information co	oncerning this matter, please co	all:	
Roberto Del Sol		727 430-806	65
Name of	Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for th	e 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

SOL TRANSPORT USA LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our reconted Liability Company)	<u>ords.</u> )
The Articles of Organization for this Limited Liability Comp.  Florida document number L18000213732	pany were filed on 09/07/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ado	dress
	_	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
AMBR	Roberto Del Sol	11617 Grove Place, Seminole, FL, 33772	
			■ Add
			☐ Remove
			□ Change
AMBR	Sherry Wagner	11617 Grove Place, Seminole, FL, 33772	
			□ Remove
			Change
MGR	Ruslan Venegas Del Sol	11617 Grove Place, Seminole, FL, 33772	<b>⊟</b> Add
			Aud
			☐ Remove
			— — — Change
			Add-
			□ Remove
			Change
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			Change

•	nding any other information, enter change(s) here: (Attach additional sheets, if nec	
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Note:	ive date, if other than the date of filing:	ional) r filing.) Pursuant to 605.0207 (3 is date will not be listed as th
	cord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m. on the earlier of:
Dated	Signature of a member or authorized representative of a member	····
	Roberto Del Sol  Typed or printed name of signee	

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Filing Fee: \$25.00