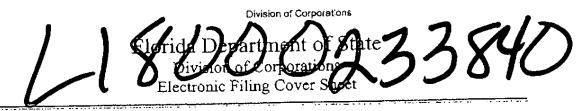
10/16/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : HISPANUSA INC Account Number : 120070000099 : (954)478-2706 Phone (954)934-0334 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** . Email Address:_____ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN~ SPIRIT GROUP TRANSPORT LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Registration Sec Division of Corp				
		GROUP TRANSPORT LLC			
SUBJ	ECT:	Name of Limi	ted Liability Company		
The er	nclosed Articles of A	Amendment and fec(s) are subr	mitted for filing.		
Please	return all correspon	idence concerning this matter t	to the following:		
		SPIRIT GROUP TRANSPORT LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: LIA IGLESIAS Name of Person MGR Firm/Company 841 SW 9TH AVE Address BOCA RATON, FL 33486 City/State and Zip Code info@hispanusa.com E-mail address: (to be used for future annual report notification) permattion concerning this matter, please call: A IGLESIAS Name of Person Name of Person Area Code Daytime Telephone Number Certificate of Status Certificate copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations Divisi			
			Name of Person		
			MGR		
-			Firm/Company	_	
			841 SW 9TH AVE		
			Address		
			BOCA RATON, FL 33	486	
		F-mail address: (- -		ben)
Ear fo	orther information co				
10111			561	291-3691	
			at () Area Code	Daytime T	elephone Number
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Enclo	sed is a check for th	ne following amount:			
	25.00 Filing Fcc	☐ \$30.00 Filing Fee &	Certified Copy		Certificate of Status & Certified Copy
	Regist Divisio P.O. B	ration Section on of Corporations	Registi Divisio Clifton 2661 E	ation Section in of Corporati Building	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company v	were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	es and are on our records enter the name of the
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida strest 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>	Name	Address	Type of Action
AMBR	LIZA IGLESIAS	841 SW 9TH AVE BOCA RATON FL 33486	
			■ Remove
			Change
AMBR	JOSE RENDON	841 SW 9TH AVE BOCA RATON FL 33486	Add
			□ Remove
			Change
			Add
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	is a standard affect	tive date, but not an	effective time	, at 12:01 a.m.	on the earlier	of:
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