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## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: Arambula Transportation LLC Name of Limited Liability Company								
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Guillermo Arambula Name of Person								
Firm/Company								
202 BridgEs Rd.								
Polk City, FL. 33868  City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Guillermo Arambula at (863) 588 - 9633  Name of Person Daytime Telephone Number								
Enclosed is a check for the following amount:								
\$25.00 Filing Fee Sign Sign Sign Sign Sign Sign Sign Sign								

### 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 Liability Co	ompany as it now appears on our reco	, . prds.)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 1023	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:	S
The new name must be distinguishable and contain the words "Limited I	Liability 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	<u> </u>	
		<del></del>
		· ~3
Enter new mailing address, if applicable:		
(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, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter 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 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
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n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the a cument's effective date on the Department of State's rec	prior to date of filing pplicable statutory	or more than 90 days af	ter filing.) Pursuant to	
record specifies a delayed effective date, bu The 90th day after the record is filed.	it not an effecti	ve time, at 12:01	. a.m. on the ea	ırlier
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Page 3 of 3

Filing Fee: \$25.00