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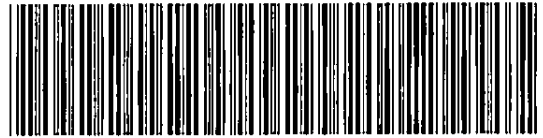
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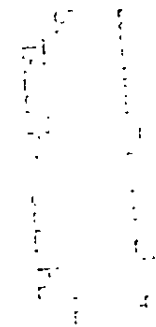
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ESF 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:

EMANUEL C RODRIGUES

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6 ISLINGTON PLACE

\_\_\_\_\_  
Address

BOYNTON BEACH, FL 33426

\_\_\_\_\_  
City/State and Zip Code

Xonbon@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMANUEL C RODRIGUES

561 713-5299  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ESF TRANSPORTATION LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11092018 and assigned  
Florida document number L18000263607.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6 ISLINGTON PLACE

BOYNTON BEACH FL 33426

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6 ISLINGTON PLACE

BOYNTON BEACH FL 33426

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

EMANUEL C RODRIGUES

New Registered Office Address:

6 ISLINGTON PLACE

*Enter Florida street address*

BOYNTON BEACH

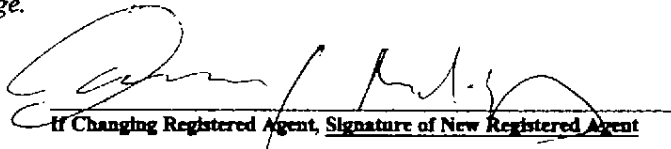
, Florida 33426

*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>	<u>Type of Action</u>
MGR	RACHID ZRAOULI	560 Village Blvd	<input type="checkbox"/> Add
		Suite 120 West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MANUEL C RODRIGUES	6 ISLINGTON PLACE	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SONIA VASCONCELOS	ISLINGTON PLACE	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33426	<input type="checkbox"/> Remove
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 2. *Chlorophyll b* (Chl *b*)  
 3. *Carotenoids* (Car)  
 4. *Phaeophytin a* (Phe *a*)  
 5. *Phaeophytin b* (Phe *b*)  
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 27TH 2023

Signature of a member or authorized representative of a member

RACHID ZRAOULI

*Rachid Zraouli*

Typed or printed name of signee

**Filing Fee: \$25.00**