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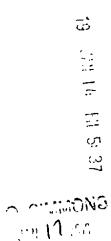
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor	porations	_		
all not	X3 Trans	port LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	John	ny Mateo		
		Name of Person		
	X 3	Transport (LLC	
		Firm/Company		
	6247 Neff	LAKE RD		
	<u> </u>	Address		
	Brooksulle holliemanci E-mail address: (FC 34601		
	la ui	City/State and Zip Code		
	E-mail address: (to be used for future annual i	eport notificat	ion)
For further information c	oncerning this matter, please ca			
Holle Man	CINI FPerson	ar (352)	279	305 ₁
Name o	f Person	Area Code	Daytime Te	lephone Number
Enclosed is a check for the	nc following amount:			
\$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$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

TO ARTICLES OF ORGANIZATION OF

	Transpor			
(<u>Name of the Limited I</u> (A	Liability Company a Florida Limited Liab	is it now appears on lity Company)	our records.)	
The Articles of Organization for this Limited Liabi	lity Company we	re filed on <u>Jan</u>	Jary 2,301	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability	company here:		
The new name must be distinguishable and contain the word				
Enter new principal offices address, if applicabl	e: _	6247	Neff L	FL 341001
Principal office address MUST BE A STREET A	ADDRESS)	Bra	KSMILL	FL 34601
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u>	_ <u>-</u> <u>-</u> X)			â
	_			, ,
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our	records, ente	r the name of the new
	1.1	۱۸ ۵		٠Ċ
Name of New Registered Agent:	Hollic	Mancini		. 37
New Registered Office Address:	624	7 Neff	Lake	RO
<u>-</u>	Brookin	Enter Florida si	reet address , Florida _	20 24001 740 Code
		City		гир Сове

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	Johnny Mateo	6247 Neff Lake RO	Add
		Brooksmile E 34001	□ Remove
			Change
MGR	Hollie Mancini	6847 Neff Lake 20	Add
		Brooksulle FZ 34601	Remove
			Change
			Remove
			Change
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			□ Rémove
			Change
			Add
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			□ Remove
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fective date, if other than the date of filing: -9-2019 -9-2019	(optional) nan 90 days after filing.) Pursuant to 605.0207 quirements, this date will not be listed as
The 90th day after the record is filed.	
Dated January 9 2019 Helle Mancire Signature of a member or authorized representative of a	
dhoho Mancini	
Superture of a momber or authorized representative of a	member
Signature of a memory of authorized representative of a	THE THINGS
Hollic Manery	

Page 3 of 3

Filing Fee: \$25.00