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. (Cit	ty/State/Zip/Phon	e #)
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S. YOUNG

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COVER LETTER

Division of Corp	orations		
SUBJECT: SOIC	Jor Transpo	ortation LL ied Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
		-	
Please return all correspon	dence concerning this matter t	to the following:	
	Jamila	Diumadullae Name of Person	WA
	SardorT	ransportation Firm/Company	LLC
	3141 Re-	thent Dr. An	x 210
		ee T-L 3<	1741
	E-mail address: (1	177 e in box.	Y U
For further information co.	ncerning this matter, please ca		
Jamila	Diumadull	aeua A12 O24 Area Code Daytim	- 8493
Name of	Person	Area Code Daytim	e 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:

- t

Registration Section

TO:

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

	ransportation
(Name of the Limited Liability C (A Florida Lii	ompany as A now appears on our records.) mised Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number <u>LIGOOOISGT</u> ?	npany were filed on 1 17- 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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 ADDRES	SS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Čity Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:

If Changing Registered Agent, Signature of New 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 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
MGR	Jamila Djumadullaeva	a 3141 Retreat Dr. Apl	<mark>2 °</mark> ⊠ Add
	,	KISSIMMER, FL. 347	
			☐ Change
			Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			🗆 Remove
			Change
			□ Remove
			Change

), H 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an efi <u>Note:</u>	ive date, if other than the date of filing: Coptional
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	1/31 2019. + Que >
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Jamila Djumadulla e.Va Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00