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COVER LETTER

Division of Corporat	ions		
SUBJECT: 64A		Transportation	LLC
	142the of Limite	as thanning Company	
The enclosed Articles of Amen	dment and fee(s) are subm	itted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
_	Rusa	na Ovongo	
	•	Name of Person #	
		Ban.	
		Firm/Company	
-	12430 sec	121451	
	,		
_	Hami	FC 331 FO City/State and Zip Code	
_		120 102 00 40 ho. be used for future angual report notificat	com
The Code Code of	•	0 -	auti)
For further information concern	iing this matter, prease call	:	
Boyana G	Prange	at (305) 28/- 3 Area Code Daytime To	5914
, Name of Perso	n •	Area Code Dayume 16	Icphone Number
Enclosed is a check for the follo	owing 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

TO:

Registration Section

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

Of A Global Tlansportation 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			
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 "LLC." 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)	WILL THE	19 SEP	.11
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:		-3 PH 2:	III E
Name of New Registered Agent:		.9 -	ر
New Registered Office Address: Enter Florido street address	 	1	
. Florida			
Cay Zup Code	_		
New Registered Agent's Signature, if changing Registered Agent:			

New Registered Agent's Signature, it 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 = AMBR =	Manager Authorized Member				
<u>Title</u>	Name	Address	Type of Action	<u>n</u>	
<u>P</u>	Rosana Grango	12430sw21781	ØAdd		
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D.	If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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E.	Note: I	te date, if other than the date of filing:	207 (3 xb) as the		
If (b)	the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:		
	Dated _	8/24/2019			
		Signature of a member or authorized representative of a member			
		Rulona Quango . Typod or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00