L19000103625

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| Special Instructions to | Filing Officer: | |
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|-----------------|----------|-------------------------------|---|---|---|
| SUBJEC | | Jniversal T | ransportation Solutions LLC | | |
| 300363 | · • - | · · · · · | Name of Limi | ted Liability Company | <u> </u> |
| The encl | losed / | Articles of | Amendment and fee(s) are subt | nitted for filing. | • |
| Please re | rturn a | ll correspo | ndence concerning this matter t | o the following: | |
| | | | Melissa R Hostetler | | • |
| | | | | Name of Person | |
| | | | Universal Transportation S | olutions | |
| | | | PO Box 47732 | Firm/Company | |
| | | | Jacksonville, FL 32247 | Address | |
| | | | accounting@utsbrokers.com | City/State and Zip Code | |
| | | | | be used for future annual report no | tification) |
| For Turth | ier infi | irmation o | oncerning this matter, please ca | II: | |
| Melissa | R Hos | | | 904 930-4643 at () | |
| | | Name o | f Person | Area Code Daytir | me Telephone Number |
| Enclosed | l is a c | heck for th | ne following amount: | | |
| □ \$ 253 | 00 Fili | ng Pee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Registr Divisio P.O. Bo | ING ADDRESS: ation Section n of Corporations ox 6327 assee, F1, 32314 | STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3 | enter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Universal Transportation Solutions LLC

| Florida document number L19000103625 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 of the limited Liability Company." | |
|---|-------------------------|
| The Articles of Organization for this Limited Liability Company were filed on April 15, 2019 and Florida document number L19000103625 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 of the limited Liability Company. | n "L.L.C." |
| Florida document number L19000103625 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 of the limited Liability Company. | n "L.L.C." |
| 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. Enter new principal offices address: if applicables. | n "L.L.C." |
| 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. | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation | |
| Enterness principal offices address if applicables | |
| Enter new principal offices address, if applicable: | • |
| Enter new principal ornees address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Enter new mailing address, if applicable: PO Box 47732 | |
| (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32247 | |
| Indiang dual con for the first to the first | |
| registered agent and/or the new registered office address here: Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street address | |
| . Florida | |
| City Zip Co | ode |
| 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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familian accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this a being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lia company has been notified in writing of this change | with and locument is |
| If Changing Registered Agent, Signature of New Registered / | Agent |

| MGR = AMBR = | Manager Authorized Member | | |
|-----------------|------------------------------|--|----------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| MGR | Christopher S Hostetler | | |
| | | 2891 Seville Court, Jacksonville FL 32207 | ■ Remove |
| | | | □ Change |
| MGR | Melissa R Hostetler | 2891 Seville Court, Jacksonville FL 32207 | ■ Add |
| | | | □ Remove |
| | | | Change |
| <u>_</u> | | | O Add |
| | | | □ Remove |
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| , · | | s) here: (Attach additional sheets, if necessary.) |
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| | must be specific and cannot be block does not meet the | be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 applicable statutory filing requirements, this date will not be listed a |
| ne record specifies a delay The 90th day after the r | | out not an effective time, at 12:01 a.m. on the earlier |
| Dated May 8 | 20 9 | • |
| | 7, | |
| -1// | liss // | or authorized representative of a member |
| Melissa R Hostetler | organiture of a member | ул авинульно терперенация и в шения. |
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Page 3 of 3

Fiting Fee: \$25.00