L19000119157

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COVER LETTER

	gistration Se vision of Cor		·			
CHDIECT		ANSPORTATION LLC				
SUBJECT: Name of Limited Liability Company						
The enclose	d Articles of a	Amendment and fee(s) are sul	bmitted for filing.			
Please retur	n all correspo	ndence concerning this matter	r to the following:			
		TIMUR RAKHMATOV				
		-	Name of Person	 		
		TFR & COMPANY, INC				
			Firm/Company			
		626 JOSEPHINE PARKE	CR RD, STE 208			
		· · · · · · · · · · · · · · · · · · ·	Address			
		KEY WEST, FL 33040				
			City/State and Zip Code			
		INFO@TFRANDCOMPA		 		
			to be used for future annual report notif	ication)		
hor further i	niormation co	ncerning this matter, please c	all:			
TIMUR RA	KHMATOV		850 356-9833 at ()			
	Name of	Person		Telephone Number		
Enclosed is a	a check for the	e 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:

1

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

UMAR TRANSPORTATION LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our recorded Liability Company)	<u>(ls.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19000119157</u> .	nny were filed on 05/01/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	385
	Fi	lorida
	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>	Address	Type of Action
MBR	KHASAN IKROMOV	955 AIRPORT RD, APT 423	∃ Add
		DESTIN, FL 32541	☐ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change

. If amending any other informa	non, enter change(s) h	ere: (Allach adall	ionai sneets, ij necessar _.	l. <i>j</i>
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		<u> </u>		
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Do	ock does not meet the app	dicable statutory fili	(optional) more than 90 days after filing ng requirements, this date	.) Pursuant to 605.0207 (will not be fisted as t
the record specifies a delayed) The 90th day after the rec		not an effective	time, at 12:01 a.m.	on the earlier of:
Dated August 4	2020	·		
	Signature of a member or ac	nthorized representativ	e of a member) —
	_	·	1.1	/
BAKHTIYOR IKRAM		inted name of signee	wy	

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Filing Fee: \$25.00