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C. GOLDEN FEB 1 8 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Transport LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Esteranie Padilla Name of Person
Jme 24-7 Transport LLC Firm/Company
647 Challenger St NW
Lake Placid, FL 33852 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Estercine Padilla at (186) 781-7409 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\Bigsquare \text{\$30.00 Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$55.00 Filing Fee & Bound 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now abpears on our records.)
lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/26/309 Florida document number L19000192085 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 "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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>	Name	Address	Type of Action
4 <u>HBR</u>	Esterante Padilla	647 Challenger St NW DAdd Lake Placid, FL 33852 DRemove	
		Lake Piacid, FL 33852	∑ _ □Remove
			M Change
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			DAdd
			□Remove

Page 2 of 3

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(If an ef <u>Note:</u>	ive date, if other than the date of filing: 15/2020 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
(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	1/15/2020 Estypen Pallu Signature of a member or authorized representative of a member
	Estygen Palle Signature of a member or authorized representative of a member
	ESTEFANIE PAVILLA Typed or printed name of signee