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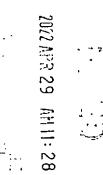
(Red	questor's Name)	
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COVER LETTER

	Registration Se Division of Co			
SUBJEC		ONE TRANSPORT LLC		
SUBJEC	.1:	Name of Lin	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		REYES, ANTONIO		
			Name of Person	
		SECURED ONE TRANS	PORT LLC	
			Firm/Company	
	8165 NW 192 STREET			
			Address	
		HIALEAH, FL 33015		
			City/State and Zip Code	
		securedonetransport@gmai		
For furthe	er information c	oncerning this matter, please c	to be used for future annual i	eport notification)
	, ANTONIO	5		-9744
		f Person	at ()	
	Name o	11 (1301)	Area Code	Daytime Telephone Number
Enclosed	is a check for the	ne following amount:		
\$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
]] }	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section orporations 7	Divisior The Cen	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 APR 29 AM 11: 28

SECURED ONE TRANSPORT 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 Compa	ny were filed on 08/08/2019	and assigned
Florida document number L19000202014	·		
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited li	ability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lis	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered offices here:	e address on our records, <u>enter th</u>	ie name of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
-		Enter Florida street address	
		, Flor	
		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
AMBR	PEREZ DE PAZ, CINTHYA	6144 E. 4th Ave, Hialcah, FL 33013	≡ Add
		N/A	
		N/A	_
		N/A	□Add
		N/A	
		N/A	_
		N/A	
		N/A	_
		N/A	
		N/A	
		N/A	
		N/A	E.C.
		N/A	□Add
		N/A	
		N/A	_
		N/A	
		N/A	
		N/A	□ Change

N/A	
	
effective date is listed, the date must be specific and cannot be	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this block does not meet the a nument's effective date on the Department of State's received.	applicable statutory filing requirements, this date will not be listed
	corus.
cord specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after
s filed.	and same, at 12:01 and on the earlier of (0). The your day after
ed April - 18 . Zoi	<u>22 (</u> .)
\hat{A}	.# /
Signature of a messiver of	r authorized representative of a member
	The state of the s
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Filing Fee: \$25.00