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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: E	SC Transport Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Rosco	Name of Person	
	ESC Tr	ansport LLC Firm/Company	
	TOLE W. Mar	Address Address	——————————————————————————————————————
	Deland, Fi	City/State and Zip Code y + 345 (1) (1) (1) (1) o be used for future Innual report notific	<u>_</u>
	eschansz.	y + 345 (V(YY)(1) CLY o be used for future Innual report notific	ation)
For further information ed	oncerning this matter, please ca	ill;	
Name of	TV1S Person	at (<u>417</u>) <u>312 -</u> Area Code Daytime T	C37 \ Telephone Number
Enclosed is a check for th	e following amount:		
⅓ \$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 S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Secti Division of Corpo The Centre of Tal	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number	ESC Traces	+ 11C	2020 J. 193 7:53	
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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(Name of the Limited (A	Liability Company as it now appr Florida Limited Liability Company	ears on our records.) y)	_
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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The Articles of Organization for this Limited Liab	oility Company were filed on	08/29/2019 and	Lassigned
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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	Florida document number 1.19 RDD 2.15	188.		
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address			<u> </u>	
New Registered Office Address: Enter Florida street address			r records, <u>enter the name of the</u>	new registered
Enter Florida street address	Name of New Registered Agent:			
	New Registered Office Address:			
City Sip Code		Enter F		
		City	, Florida 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 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	2020 JULY 2 KI 7: 53	Type of Action
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(If an effect Note: If	e date, if other than the dative date is listed, the date must be the date inserted in this block t's effective date on the Department.	specific and does not m	cannot be pri sect the app	ior to daté of fi licable statut	iling or more		er filing.) Pu		
the record s cord is filed	pecifies a delayed effective d	ite, but not :	an effective	time, at 12:	01 a.m. on t	he earlier of:	(b) The 90)th day after	the
Dated _	06122/2020	DAL							
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	Si	nature of a n	nember or au	thorized repre	sentative of a	member			