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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: URBIZO TRANSPORTATION ALC 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:		
SANDOR ROLANDO URBITO ROL Name of Person)Q	16XEZ
URBIZO TRANSPORTATION LL	Ĩ)	
2116450112 AUR APT201		
CUTLER BAY, FLIBBIAY.		>
City/State and Zip-Code S A N O Y O Y O 1 2 0 (4 9 m O 1) . CO m E-mail address: (to be used/for future annual report notification)	19 \$1	SECR SYLCION
For further information concerning this matter, please call:	ΞP 2:	
SANDOD at (305 310 - 3054) Name of Person Area Code Daytime Telephone Number	0 44 9:	CCRPORV CCRPORV
Euclosed is a check for the following amount:		VI:OHS VIE
Sectificate of Status Certified Copy (additional copy is cuclosed) Section Filing Fee & Certified Copy (additional copy is cuclosed) Certified Copy (additional copy is cuclosed)		

MAILING ADDRESS: \ Registration Section Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tellahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)
(A Plorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/06/ Florida document number | 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 RE 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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 Address Type of Action Title Name _□ Change [X Remove ☐ Change bbA □ ☐ Remove □ Change □ Add □ Remove _□ Change □ Add □ Remove □ Change □ Add ☐ Remove

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Effective date, if other than If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second secon	e must be specific and his block does not r	d cannot be prior lo neet the applicabl	date of filting or more that e statutory filling requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	o 605.0207 (3)(b) e listed as the
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