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19 OCT -3 (A) II: 59

2019 CCT -3 KM 8: 12

R. WHITE OCT 0 3 2019

COVER LETTER

Division of Corpor	rations		
SUBJECT: Florid	la Internationa Name of Limit	1 Transport Served Liability Company	rices
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Giulietta	Miner Va Name of Person	
	1230 Circ	Cle Dr. Address	
	Tallahasice	Florida 323 City/State and Zip Code	301
-	JettaMinerv E-mail address: (t	lack of mail. Com	ification)
For further information conc	erning this matter, please ca	H:	
Larry Harra Name of Pe	ell	at (<u>850</u>) <u>566</u> - Area Code Daytir	ne Telephone Number
Enclosed is a check for the f		☐ \$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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Florida Internation (Name of the Limited Lia (A Florida)	bility Company as it now appears	Services OLta	- <u>AH</u> 8: 11
A Flo The Articles of Organization for this Limited Liability Florida document number <u>L19000383</u>	y Company were filed on[<i>'</i> .
This amendment is submitted to amend the following	y.		
A. If amending name, enter the new name of the l	limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "	Limited Liability Company," the de-	signation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ODRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	ida street address	<u> </u>
		, Florida	
-	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
MGR	biulietta Minerva	1230 Circle Dr.	y Zl Add
		Tallahassee Floride 323	O Remove
			Change
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an effect {ote: If	ate, if other than the date of filing: 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 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to effective date on the Department of State's records.
e reco The 9	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
ated	0/3 2019
	Signature of a member or authorized representative of a member
	Giulietta E. Minerva Typed or printed name of signee