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COVER LETTER

TO:		tion Section of Corpor			•	•	
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SUBJE	JI:		Name of Limi	ted Liability Company			
The encl	losed Artic	cles of Am	endment and fee(s) are sub-	mitted for filing.			00 (CO O THILL 30)
Please re	eturn all co	orresponde	ence concerning this matter	to the following:			<u>چ</u>
			LOVETTE DOBSON				
			INCFILE.COM LLC				
				Firm/Company			
			17350 STATE HWY 249 S				
		Address					
	HOUSTON, TX 77064						
			EFILE1234@INCFILE.CO	City/State and Zip Code	-		
		•	E-mail address: (to be used for future annual	report notification	n)	
For furth	her inform	ation cond	erning this matter, please ca	all:			
LOVET	TE DOBS			855 829 at ()	9-9090		
		Name of Po	rson	Area Code	Daytime Telep	phone Number	
Enclose	d is a chec	ck for the f	ollowing amount:				
\$25	.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ТÒ ARTICLES OF ORGANIZATION OF

PORTO MILIONE DOOKIE XPRESS TRANSPORTATION LIMITED LIABILITY COMPANY (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 Company were filed on ______ Florida document number L19000253507 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: Enter Florida street address _, Florida ___

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	CINTIA MARCOLINO	1563 SW 4TH ST APT 3	= Add
		MIAMI, FL 33135	Remove
			Change
			Add
			Remove
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Effective date, if other than the	date of filing:	(optional)
If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.0207 of tutory filing requirements, this date will not be listed as the state of the file of the fil
he record specifies a delayed The 90th day after the reco	effective date, but not an e ord is filed.	ffective time, at 12:01 a.m. on the earlier of
Dated	2020	
DeronTh	1 .	presentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00