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COVER LETTER

TO:

Registration Section

Division of Corporations						
	BLE TRA	NSPORT, LLC				
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed Ar	ticles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return all	correspo	ndence concerning this matter	to the following:			
		RINA LESALDO AIKENS	S			
		-	Name of Person			
		ABLE TRANSPORT, LLC				
	ABLE TRANSPORT. LLC Name of Limited Liability Company dosed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: RINA LESALDO AIKENS Name of Person ABLE TRANSPORT. LLC Firm/Company 1589 SW PAAR DRIVE Address PORT ST LUCIE, FL. 34953 City/State and Zip Code FLABLETRANSPORTLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: .ESALDO AIKENS Name of Person Area Code Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations					
		1589 SW PAAR DRIVE				
			Address	,		
		PORT ST LUCIE, FL. 349	53			
		*-	City/State and Zip Code			
		E-mail address: (to be used for future annual report	notification)		
For further infor	mation co	oncerning this matter, please ca	all:			
RINA LESALD	O AIKE	NS		1		
	Name of	f Person	Area Code Da	vtime Telephone Number		
Enclosed is a ch	eck for th	ne following amount:				
≡ \$25.00 Filin	ng Fee		Certified Copy	Certificate of Status & Certified Copy		
		Division of Corporations				
	3ox 632 Jassee J	7 91 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABLE TRANSPORT, LLC				F
(Name of the Lim	ited Liability Compan	y as it now appears on a ability Company)	our records.)	2 2 and of the same of the sam
	(A Florida Limited Li	ability Company)		The season of th
The Articles of Organization for this Limited	Liability Company v	vere filed on 10/30/20	019	and assigned
Florida document number L19000271968	, , , , , , , , , , , , , , , , , , ,			
Tiorida document flumber	,			PH 5: 02
This amendment is submitted to amend the following	llowing:			0
A If amonding name and the constraint	adaba Paara 110 190	24		~
A. If amending name, enter the new name	of the limited liabil	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designa	ation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
				
				
Enter nous mailing address if analisable		RINA LESALDO AI	KENS	
Enter new mailing address, if applicable:		1589 SW PAAR DRI		
(Mailing address MAY BE A POST OFFICE	E BOX)			
		PORT ST LUCIE, FL	J. 34953	
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office ad	ldress on our record	is, <u>enter the n</u>	ame of the new registered
agent and/or the new registered office addr	ess nere:			
	RINA LESALDO) AIVENC		
Name of New Registered Agent:	KINA LESALDO	AINENS		
New Registered Office Address:	1589 SW PAAR	DRIVE		
	****	Enter Florida str	reet address	
	PORT ST LUCIE	<u> </u>	, Florida	34953
		Ciŋ	, FIOTIUA	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	RINA LESALDO AIKENS	1589 SW PAAR DRIVE	
		PORT ST LUCIE, FL. 34953	□Remove
MBR	BENJAMIN AIKENS	1589 SW PAAR DRIVE	
		PORT ST LUCIE, FL. 34953	□Remove
		<u> </u>	■ Change
MBR	DAWNMARIE LESALDO	1589 SW PAAR DRIVE	
		PORT ST LUCIE, FL. 34953	□Remove
			\BChange
MGR	DAMIANA AIKENS	457 SW BRIDGEPORT DRIVE	□Add
		PORT ST LUCIE, FL. 34953	■Remove
			□Add
			□Remove
			□ Change
			□Remove

Effective date, if other than the date of filing: [Optional] If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated October 26 2020	-						
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Typed or printed name of signee