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COVER LETTER

TO: Registration Se Division of Co					
cun iczer	Pollo's Tran	sport IIc			
SUBJECT:	Pollo's Tran	ited Liability Company			
The enclosed Articles of	'Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Jo	ose Pagan			
		Name of Person			
		Firm/Company			
	1741 Ame	ericana blvd			
		Address			
	Orlando	, fl 32839			
		City/State and Zip Code			
		ortllc@gmail.com	ficution)		
For further information of	concerning this matter, please c	·	,		
Hector Ca	abrera	at (321 746-494	49		
Name c	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres	<u>ss:</u>	Street Address:			
Registration Section		Registration Section			
Division of C P.O. Box 632		Division of Cor The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pollo's Transport LLc

(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 w Florida document number <u>L19000291982</u> .	were filed on11/26/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	11310 South Orange Blown to Orlando 1= 32837 STE 355
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Ste 225 ORlando FL 32839
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent: 1-12C+c New Registered Office Address: 1741	AMERICAA Blud S+E 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 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	Hector Cabrera	1741 Americana blvd	⊠Add
		#22D	□Remove
		Orlando, fl 32839	□Change
			Remove
			□ Change
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			□Remove
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record spe d is filed.	cifies a delayed effective	date, but not an	effective time, at	12:01 a.n	i, on the earli	er of: (b) = 1	The 90th day after the
Dated	December	27	2019			7	
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