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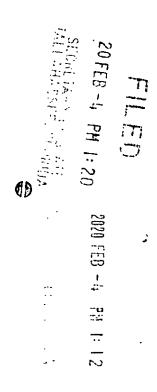
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SRJ Tran Port Services (LC 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:	
matter Joseph	
Statile of tyerson	
Firm/Company	
Nesly Mapel F/ 33345 City/State and Zip Code	
Wesley (Na) of F/33345 City/State and Zip Code	
E-mail address: (to be used forhume annual report notification)	
For further information concerning this matter, please call:	
McHUL Joseph at (813) 8123100 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
© \$25.00 Filing Fee	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)	
(A Florida Limited Liability Co	mpany)	
The Articles of Organization for this Limited Liability Company were file	d on Jan 8th 2020 and assigned	
Florida document number 6200015382	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
SRT Trans Port Ser YICS (The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
ncipal office address MUST BE A STREET ADDRESS)		
	773 L	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	3	
	: 2	
	(D) b	
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	n our records, enter the name of the new registered	
agent and/of the new registered office address here.		
Name of New Registered Agent: MCA lex So	ander Joyh	
New Registered Office Address:	/	
	Enter Florida street address	
	, Florida	
City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provided	ance of my duties, and I am familiar with and	

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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> □Add ☐ Change _____ □Add __ 🗆 Remove Change **⊞**Remove Change 10 □Add Remove _____ Change _____ □Remove Remove

		
		
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Filing Fee: \$25.00