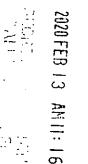
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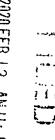
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

ONYX TRANSPORT LLC SUBJECT: 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: Juan Pablo Bernal Name of Person Firm/Company 19220 SW 119 PL Address MIAMI, FL 33177 City/State and Zip Code juan.pablo.bernal@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Juan Pablo Bernal 9730230 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONYX TRANSPORT LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our reco da Limited Liability Company)	prds.)
The Articles of Organization for this Limited Liability	Company were filed on 1/14/2020	and assigned
Florida document number L20000021778		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
		22
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "L	LC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	$\overline{\omega}$
		<u> </u>
		= 1
Enter new mailing address, if applicable:		17 17
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		er the name of the new registered
agent and/or the new registered office address here:	1	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
		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 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	Juan Bernal	19220 SW 119 PL MIAMI, FL 33177	= Add
			□Remove
AMBR	Juan Bernal	19220 SW 119 PL MIAMI, FL 33177	≅Add
			🗆 Remove
			Change
		<u> </u>	Add Remove
			Change
			□Remove
		 	
			
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Effective date, if fan effective date is Note: If the date i document's effecti	listed, the date mus inserted in this bl	st be specific and ock does not r	d cannot be prior	cable statutory			ling.) Pursu	
record specifies a d is filed.	ı delayed effectiv	e date, but not	an effective t	ime, at 12:01	a.m. on the ear	lier of: (b)	The 90th	day after the
	of Februar	ry	, <u>2020</u>	·				
Dated I day		ſ	\					
Dated 11 day	\mathcal{P}	B 1	J					
Dated I day	2 P.	Signature of a	member or auth	orized represen	tative of a mem	жт		