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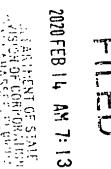
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## COVER LETTER

TO: Registration Se Division of Cor				
Charlotte '	Fransportation LLC			
SUBJECT:			<u> </u>	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Maureen Pata			
		Name of Person		·
		Firm/Company		
	9291 Waldrep St			
		Address	·····	
	Port Charlotte FL 33981			
		City/State and Zip Code		
	12 mail addrawy	to be used for future annual	an sa antiti sat	i mi
			терон пописан	(011)
	oncerning this matter, please c		21.2504	
Maureen Pata			31-3796	
Name of Person		at () Area Code	Daytime Te	lephone Number
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy radditional copy is ent		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	· <del></del> -	Street A		
Registration S Division of C		<del>-</del>	ation Section of Corpor	
P.O. Box 632	· · · · · · ·		ntre of Talla	
Tallahassee.				reet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

Charlotte Transportation 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 were filed on L20000025708 Florida document number 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 9291 Waldrep St. Enter new mailing address, if applicable: Port Charlotte FL 33981 (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: 9291 Waldrep St New Registered Office Address: Enter Florida street address Port Charlotte FL City New Registered Agent's Signature, if changing Registered Agent: Thereby 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, <u>enter the title, name, and address of each person\_being added</u> , <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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