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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC		TE TRANSPORTATION LLC		
30) B 317C		Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Maureen A Pata		
			Name of Person	
			Firm/Company	
		14635 Stirrup Ln		
			Address	
		Wellington FL 33414		
			City/State and Zip Code	
		maureenpata@me.com		
		E-mail address: (to be used for future annual report noti	fication)
For furthe	er information co	oncerning this matter, please co	ıll:	
Maureen	A Pata		561 531 3796 at ()	
	Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$2 5.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u> </u>	Mailing Address	<u>s</u>	Street Address:	

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

TO:

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

CHARLOTTE TRANSPORTATION LLC

(Name of the Limited Liability Comp. (A Florida Limited	any ay it now appears on our i Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000025708</u> .	were filed on January 21.7	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Bunny's LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		
Enter new mailing address, if applicable:	· · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, g	enter the name of the new registered
		, ,
Name of New Registered Agent:		<u></u>
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street (addruce
	Luci i amad Mitti	**************************************
		_, 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 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	
AMRR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			[] Change
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Note:	re date, if other than the date of filing:
he record ord is file	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 d.
Dated _	Apr. 1 12 2021 Mureun Hate
	Signature of a member or authorized representative of a member Maurican A Parka Typed or printed name of signee

Filing Fee: \$25.00