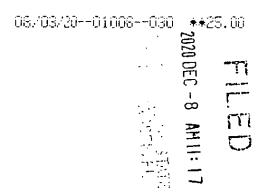
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(Address)
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Transportion LC (as it currently applicas) Name of Limited Liability Company of missipallical Cyrend to The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Veller Name of Person
Transpartation LLC Firm/Company
19046 Bruce B Downs Blvd #1273
Tampa Fl 33647 City/State and Zip Code **Tansay+a+taning(i @gmail, com E-mpil address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Michael Ver (187) at (40) 439-7691 Name of Person at (40) Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Gertificate of Status} \text{Certified Copy (additional copy is enclosed)}
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

Transportion L	_C	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2000 76 008</u> .	pany were filed on3 <u>/9</u>	2020 and assigned
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 I	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	702D DEC -8 8H III:
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, g	enter the name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	,	
	Enter Florida street e	address
	City	_, Florida
	Cuy	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of filing:		(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory			
ocument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, at 12:01 a	n on the earlie	rof (b) The	90th day after th
is filed.		(0)	777 clay arter in
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