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COVER LETTER

P: Registration Section Division of Corporations	
DIBJECT: Brewer Transport LLC Name of Limited Liability Company	
ne enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Daquan Brewer Name of Person	
Brewer Transport LLC Firm/Company	
240 Kenbrook way Apt # 303	
Dayen port, FL 33896 City/State and Zip Code Daquan @ h-ewer +rans.com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:	
Daquan Brewer at (321) 695-1678 Name of Person Area Code Daytime Telephone Number	
closed is a check for the following amount:	
Z \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

B-ewer Transport	LLC	2020 II 1 AH IO: 48
(Name of the Limited Liability Comp (A Florida Limited	I Liability Company)	sur records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 20000100078</u> .	y were filed on <u>04</u> /	09/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designa	ation "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)	240 Kenbi Davenpor-t,	OOK way Apt 303 FL 33896
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
<u></u>		, 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
AMBR =	Authorized Member

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