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TO:

Registration Section

Điy	ision of Cor	porations	
eun ieze		unsit Services	
SUBJECT:			ited Liability Company
The anclesor	1 Articlas of	Amandmant and faste) are cub	mitted for filling
	Name of Limited Liability Company Penclosed Articles of Amendment and fee(s) are submitted for filing. In assert the following: Roger L. Walters Name of Person		
Please return	all correspo	indence concerning this matter	to the following:
		Roger L. Walters	
			Name of Person
			Firm/Company
		3960 N. 56th Avenue Apt.	302
			Address
		Hollywood, FL 33021	
		 	City/State and Zip Code
		-	
For further i	nformation c		
Roger L. W:	alters		
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	ne following amount:	
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration Section
Di	vision of C	Corporations	Division of Corporations
). Box 632 Hahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
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Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Era Transit Services LLC

Services 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 Compa	ny were filed on $\frac{1.200001}{1.200001}$	02281 and assigned
Florida document number April 13, 2020		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designat	ion "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: Name of New Registered Agent:	e address on our record	s, enter the name of the new registere
New Registered Office Address:	Enter Florida str	and an Edward
	City	, Florida
New Registered Agent's Signature, if changing Registered Agei	<u>ıt:</u>	·
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	te performance of my d s provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
AMBR	Lequarius Walters	3960 N. 56th Avenue	
		Apt 302	■ Remove
		Hollywood, FL 33021	
			□Add
			Remove
			□Change
		_ .	
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change

					
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	e date of filing:	29/2023		_ (optional)	
Effective date, if other than th				ays after filing.) Pursuant	
(If an effective date is listed, the date mu		the applicable statut	tory filing requireme	nts, this date will not I	be listed as tr
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