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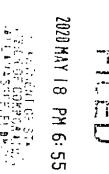
(Requestor's Name)
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JUN 0 8 2020 S. YOUNG

## **COVER LETTER**

SUBJECT: <u>FA</u>	SS TRAN	SPORTION led Liability Company	LLC
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Chouwa	L Fassas Name of Person	S1
	FASS TR	ANSPORTIC Firm/Company	NLLC
	1601 (ou	ntry Ct.	<del></del>
	_	City/State and Zip Code  City/State and Zip Code  Compose used/for future annual report not	7 (fication)
For further information co	ncerning this matter, please ca	O .	
Chouwais Name of	FaSSa8Si Person	at ( <u>407</u> ) <u>534</u> Area Code Daytin	7619 ne Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 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)

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

Registration Section Division of Corporations

TO:

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

FASS TRA	ANSPORTION Liability Company as it now appears on o Florida Limited Liability Company)	LLC our records.)	020 HAX	77
The Articles of Organization for this Limited Liab		-11-202	on and assigned	in
This amendment is submitted to amend the follow	, -		55	,
A. If amending name, enter the new name of th	ne limited liability company here:			
FASS TRANS PO	DRTATION Lability Company," the designation	LC ation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:				_
•				_
(Mailing address MAY BE A POST OFFICE BO	<u></u>	· · · · · · · · · · · · · · · · · · ·		_
B. If amending the registered agent and/or reg agent and/or the new registered office address l		ds, <u>enter the na</u> r	me of the new regis	 stered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida st	reet address		_
	City	, Florida	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

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

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f an effec <u>Note:</u> T	e date, if other than the date of filing:
e record rd 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
Dated _	05/15/2020.

Filing Fee: \$25.00