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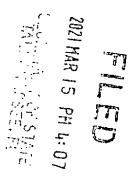




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## **COVER LETTER**

		istration Se sion of Cor							
		Sarchey Tra	isport LLC			•			
SUBJEC	CT:		Name of Lin	nited Liability Company					
The enclo	osed	Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn	all correspo	ndence concerning this matter	to the following:					
			Rocio Hernandez						
				Name of Person			_		
			Extreme Quality Group IN	IC .					
				Firm/Company			- بن جراج	2021	
			780 Thorpe rd. ste 2					2021 HAR 15	स्तर । स्टब्स
				Address			_ :	5	)
			Orlando, FL, 32824				, , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	PH 4: 07	
				City/State and Zip Cod	le			ļ: 0	
			extremequalitygroup@outle	ook.com to be used for future annu			fi.	1	
For furth	er in	formation co	oncerning this matter, please c		ан тероп понис	аноя)			
					9852417				
Rocio Hernandez  Name of Person		at ()		Felephone Numb	er.	•			
					,		•		
Enclosed	is a	check for th	e following amount:						
■ \$25.0	00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is e		Certifie	Filing Fo cate of St ed Copy al copy is o	atus &	
	Reg Div P.O	ling Address distration S dision of Co Box 632 dahassee, F	Section orporations 7	Regis Divisi The C 2415	Address: tration Section of Corpo Centre of Tal N. Monroc S nassee, FL 3	orations llahassee Street, Suite	810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sarchey Trasport LLC		
(Name of the Limited Liability) (A Florida Li	Company as it now appears on our reconmitted Liability Company)	(ds.)
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
lorida document number L20000152174		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
Sarchey Transport LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	21
<u>Principal office address MUST BE A STREET ADDRE.</u>	<u> </u>	6.6 Xm
	<del></del>	স স
inter new mailing address, if applicable:		111
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered o	ffice address on our records, ente	r the name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Toghtored Willee Fiduless.	Enter Florida street addre	25N
	E .	lorida
	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>	<u>Name</u>	Address	Type of Action
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an effective date is listed, the date must be specific and canno ote: If the date inserted in this block does not meet the	he applicabl	date of filing or le statutory fil	more man 90 ing requirem	days after filing ents, this date	g.) Pursua: e will not	nt to 605.020 t be listed a
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