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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Cortificatos	of Statue
Certified Copies	Certificates	s or Status
Special Instructions to I	Filing Officer:	
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Office Use Only

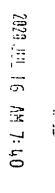


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AUG 2 9 2020 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Carlsito TR	ansfortation Services LLC e of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
	Name of Person
Division of Corporations Division of Corporations	
227 De	mPsey way
orland	Lo FL 32835 City/State and Zip Code
Cartz E-mail ac	Payanov. Com Idress. (to backed for future annual report notification)
For further information concerning this matter, p	lease call:
Cartz Pierre Name of Person	at (407) 486-7015 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	atus Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy
	
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee Fl 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Circl 51 for Kam Stok	Company as it now appears on our records
(A Fierida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	
Florida document number <u>(_20000 1539'3)</u>	<u>.</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered (agent and/or the new registered office address here:	office address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Para Planta and D
	Enter Florida street address
	, Florida
	1 D1 Ode

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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Cartz Pierre	227 DemPsey way orlundo FL 32835	XAdd
			□Remove
			□Change
AMBR	Claire Pierre	227 Dempsey way orlando F	Č _ ⊡∧dd S
			🗀 Remove
			Change
			
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nect m cfl	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.6
<u>ote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocum	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
is fi	led.
	2/2/2
ated	07/09/20,