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COVER LETTER

Division of Corporations
SUBJECT: Tameka's Transportation LCC Name of Limited Liability Company FET - 86-262716
TET 96-262716
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tameka Daniels Name of Person
Tameka's Transpartation LLC
10530 SNI Moth ter
Miam, F1 33157 City/State and Zip Code
City/State and Zip Code LameKatransportation [9740] Valoo . com E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Tameka Daniels at (305) 965-76(X) Name of Person Area Code Daytime Telephone Number
iclosed is a check for the following amount:
☐ \$25.00 Filing Fee
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Arona Jational (Name of the Limited Liability Company)	USA LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	1 /22 /
The Articles of Organization for this Limited Liability Company Florida document number <u>L3000174589</u>	were filed on $\frac{6/33/3030}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. Tameka 13 Transportation of the limited liabil. The new name must be distinguishable and contain the words Limited Liabil.	tion LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10530 SNI 170th fer Miami, F/ 33/57
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	10530 SH 170th fer Miam, FI 33157
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	City Florida Zip Code

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability upany 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
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