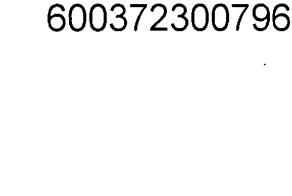
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## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	Napoleony X /	ransport LLC.	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Marcos	De Jesus Name of Person	
	Napoleon	JYX Transport L	L(
	10261 NW	80 c+ ap+ 202	<u>-</u>
	Hialeah, F	L 33016 City/State and Zip Code	
	<u>NapoleonyX</u> E-mail address: (	+ ransport @ a Mai	1. Com incation) Sign 28
For further information of	concerning this matter, please c	all:	AUG
Mal co	De Jesus	to be used for future annual apport notice all: at (786) 623  Area Code Daytime	1. COM/ fication) 2021 AUG 30 - 8429 SS P
Enclosed is a check for t		, ,	12: 38
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mapoleony Transport Name of the dimited Liability Company as i (A Florida Limited Liability	LLC.
(A Florida Limited Ciability	: Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\angle 20000/92627$ .	filed on $07/07/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	202 A
Enter new mailing address, if applicable:	[ ] US 3
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, enter the name of the new regis
Name of New Registered Agent:	
Name of New Negistered Agent.	
New Registered Office Address:	Enter Florida street address
	. Florida
C	<del></del>

## 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 i 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Acti
<u>MGR</u>	Jamie Lee Santos	9082 NW 148 terrace	<u>?</u> □Add
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			□Remove
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Note: If	date, if other the date is listed, the the date inserted in t's effective date o	uate must be specifi i this block does i	e and cannot not meet the	be prior to dat applicable :	ic of thing of r	nore than 90 da ig requiremen	(optional) ys after filing its, this date	) ) Pursuan	nt to 605.
record s d is filed.	pecifies a delayed	effective date, bu	t not an effe	ective time, a	nt 12:01 a.m.	on the earlier	of: (b) T	ie 90th d	ay after
Dated	August		5	021.			<b>&gt;</b>		
		Signature	of a member	or authorized	representative	of a member			
		Masco		<b>A</b>					

Filing Fee: \$25.00