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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 007 Transport LLC.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nouv Elvien Menstata ElsayED Name of Person
1007 + 1 ANG POTETATION LLC. Firm/Company
4400 15+ S+ N. Unit 315
StiPetenburg FL, 33703.
St. Petersburg FL 33703. City/State and Zip Code Nouv. Mca 1010 VD. iom. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Now FISAYED at (727) 667 - 7908. Name of Person Area Code Daytime Telephone Number
Manie W Pelson
Enclosed is a check for the following amount:
\$55.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee. Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

170 170	ANSPORTATI		24 Fil12: 00
(<u>Name of the Limited L</u> (A F	iability Company as it now lorida Limited Liability Com	appears on our records pany)	<u>.</u>) .
The Articles of Organization for this Limited Liabil Florida document number L20001977	ity Company were filed	on July 10, a	and assigned
This amendment is submitted to amend the following	ig:		
A. If amending name, enter the new name of the The DOT TRANS PO The new name must be distinguishable and contain the words	RTATION 6	LC.	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A.)	:		
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	En	ster Florida street address	
		. Flo	rida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	2920 AUG 24 PH 12: 00	Type of Action
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