LZC CCC ZZC SUb

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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08/24/20--01033--004 **25.00



10/7/20 OM

COVER LETTER

Division of Corpo	orations		
SUBJECT: A CRU	2 Transporta	His UC	
	stane or gan	ned Datonky Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Alejandra	Name of Person Firm/Company	
	1398NE 1915	Address Address	<u> १५१६</u> ६
	MIGM, IL	City/State and Zip Code Solution Code Solution Code Solution Code City/State and Zip Code Solution Code City/State and Zip Code	ification)
For further information con	cerning this matter, please ca	all:	
Alejandro O Name of P	207 Person	at 786 709 Area Code Daytin	-201) ne Telephone Number
Enclosed is a check for the	following amount:		
Section 5.25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Addrace		Street Address	

TO:

Registration Section

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

FILED

ACRIM TRAIS	17 M TI	2020 AUG 2	
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on iability Company)	TALLAH	Y OF STATE
The Articles of Organization for this Limited Liability Company	<i></i>	127120	and assigned
Florida document number <u>L2CCO22O8tb</u>	— —		_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desig	nation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our reco	rds, <u>enter the name (</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my	duties, and I am far	miliar with and

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
AMBR.	EthanaHernandez	1598NE 1915+ 105 33779	thydd
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Note:	ve date, if other than the date of filing:
e recor	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 the ed.
Dated	August 18 2020.
	1 CUIA
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00