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SECRETARY OF STATE
TALLAHASSEE, FI

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COVER LETTER

TO: Registration Section

Division of Co	rporations	•	•		
SUBJECT:	SOUTH FLORIDA G	LOBAL TRANSPORT LLC	:		
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
		GUIMS CARRIE			
		Name of Person			
	SOUTH F	LORIDA GEOBAL TRANSPOR	RTLLC		
	-	Firm/Company	-		
	127 NW 13TH STREET STE C-14				
		Address	_		
		BOCA RATON FL 33432			
		City/State and Zip Code			
	APIFI	NANCIALGROUPI@GMAIL.C	COM		
	E-mail address: (to be used for future annual report no	otitication)		
For further information	concerning this matter, please c	all:			
GUIM	AS CARRIE	561 414-5368			
Name	nt Person	at {}} Area Code Dayt:	me Telephone Number		
Enclosed is a check for	the following amount:				
■ \$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)		
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection		
Division of C		Division of Co			
P.O. Box 63		The Centre of			
Tallahassee	FL 32314	2415 N. Monr	oe Street, Suite S10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ILED TO ARTICLES OF ORGANIZATION II AM 6: 20 OF

SECRETARY OF STATE
SOUTH FLORIDA GLOBAL TRANSPORT LIALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{087172020}{1}$ and assigned Florida document number L20000243739 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUPREME TRUCKING LOGISTICS LLC The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Circ

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 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
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			□Remove
			Change
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Filing Fee: \$25.00