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DocuSign Envelope ID: 313CAFD5-BA7E-4913-9F34-95E4D136F85F **COVER LETTER** TO: Registration Section **Division of Corporations** ULYSSE TRANSPORTATION LLC. SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NANCY ULYSSE MCKINNEY Name of Person **ULYSSE TRANSPORTATION LLC** Firm/Company 7750 OKEECHOBEE BOULEVARD SUITE 4-1103 Address WEST PALM BEACH FLORIDA 33411 City/State and Zip Code ULYSSE.TRANSPORTATIONLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NANCY ULYSSE MCKINNEY Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fec ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

DocuSign Envelope ID: 313C/FD5-BA7E-4913-9F34-95E4D136F85F ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ULYSSE TRA	ANSPORTATION LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number L20000248931	y were filed on <u>08-14-202</u>	0	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	1 "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	202
incipal office duaress MUST BE A STREET ADDRESS		CR Z	= = 1
		designation "LLC" or the abbreviation "L.L. SCRETARY OF STATES S	70 ,
Inter new mailing address, if applicable:			
			
Mailing address MAY BE A POST OFFICE BOX)			- ယ္ - '- '
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3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name	of the new regist
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 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.

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II amenuing Authorized rerson(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		
MGR	GREGORY ULYSSE	2348 LENA LN WEST PALM BEACH FLORIDA # Add			
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Note: If the date in:	serted in this block does to date on the Department	not meet the applic	able statutory filing				
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e record specifies a c rd is filed.	delayed effective date, bu	t not an effective t	ime, at 12:01 a.m. c	n the earlier of: (b)	The 90th	day afte	er the
Dated	03-26	2024					
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