(2000) 259/00

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COVER LETTER

TO:	Registration Se Division of Cor		*	•
SUBJI	ест: TRAI		TO GO LLC ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
\		TRANSPO	Sierra King Name of Person RTATION TO (2) Firm/Company	O LLC
		662 h	JREN DR Address	
			City/State and Zip Code Y a 5226 om 211. C to be used for future annual report notific	om cation)
For fur	ther information co	oncerning this matter, please ca	all:	
_	Silerra Name of	King Person	at (470) 479 - Area Code Daytime	- 2540 Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$2 :	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>i</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

IRANSPORTAT	ION TO	(30 LL	C		
(Name of the Limited L (A F	lorida Limited Liah	na it now appears pility Company)	од our records.)		
The Articles of Organization for this Limited Liabili		ere filed on	<u> </u>	and assigned	
lorida document number <u>L20000259100</u> .					
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liabilit	y company her	<u>e</u> :		
77.					
The new name must be distinguishable and contain the words	"Limited Liability	_	_	abbreviation "L.L.C."	
Enter new principal offices address, if applicable	: _	1066 1	NREN DR	<u> </u>	
(<u>Principal office address MUST BE A STREET A</u>	DDRESS)	<u>Casselt</u>	Demy, FL	32707	
	-				
_		00.00	, פוראו		
Enter new mailing address, if applicable:	_	LO RO	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX	Q _	cast Po	pint, GA	30364	
	-				
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office add re:	lress on our rec	ords, <u>enter the na</u>	ne of the new registered	
	Siva		00		
Name of New Registered Agent:	016	rra K	1119		
New Registered Office Address:			DREN DR		
	Cassel &	City	, Florida _	32707 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 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>	Name	Address	Type of Action
MGR	Sierra King	USZ WRENDR Cosselbery, FL 327	107 Kladd
		-	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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<u></u> .			□Add
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			□Remove
			Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
•	
<u>-</u>	
_	
	
(If an effecti Note: If	date, if other than the date of filing:
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	<u>4-1</u> <u>2024</u> .
	Signature of a member or authorized representative of a member
	Silerra (ino

Filing Fee: \$25.00