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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations					
SUBJECT:	MCM Transpor	+ Services LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
		_				
Please return all correspor	ndence concerning this matter	to the following:				
	Jaque	Plin E. Cruz Name of Person				
	_ MCM Tra	UNSPORT SERVICES	SLLC			
	5845 Pa	t Thomas Park	way			
	auncy	FL 32351 City/State and Zip Code MCM+VANS DOV+S to be used for future annual report noti				
	10011120	mentionsnorta	ICC Com			
	E-mail address: (to be used for future annual report noti	fication)			
For further information co	oncerning this matter, please co	all:				
Jaguely	7 (V117	.060 . 524	- 6954			
Jaquelin Cruz Name of Person		Area Code Daytim	e Telephone Number			
Enclosed is a check for th	e following amount:					
S25.00 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)			
Mailing Address	_	Street Address:				
Registration Section		Registration Section				
Division of Co P.O. Box 632		Division of Cor The Centre of T				
+ +	•	ino contro or t	** * * ** * * * * * * * * * * * * * *			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

贸

O.		1
MCM Transpor (Name of the Limited Liability Compar (A Florida Limited L	TSevvices LLC 3 7	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000269510</u> .	were filed on $08/31/2020$ and assigned	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new re	gistered
Name of New Registered Agent:		
New Registered Office Address:		

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.

City

Enter Florida street address

_, Florida ___

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
AR	Jaquelin E. Cruz	5845 PatThomas PKWY	□Add
		Quincy, FL 32351 (Change to - MGR)	MChange
			□ Add
			□Remove
			□Change
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effective date : If the date		ist be specific and c block does not me	cannot be prior	able statutory	or more than 9		al) ling.) Pursuant to 60: late will not be list
ord specifies filed.	a delayed effectiv	ve date, but not a	n effective ti	me, at 12:01 a	i.m. on the ca	rlier of: (b)	The 90th day after
i Sep	otember	22	2020	<u>></u> .			
		()	2m	2			
		Signature of/a me	ember or autho	riz ed represent	ative of a mem	ber	

E'' E 635.00