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COVER LETTER

TO: Registration Division of 0	i Section Corporations		
LA.G.L. SUBJECT:	TRANSPORTS LLC		
	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	JEFFREY E VAUGHN.	JR	
		Name of Person	
	I.A.G.I. TRANSPORTS	LLC	
		ent and fee(s) are submitted for filing. concerning this matter to the following: REY E VAUGHN JR Name of Person J. TRANSPORTS LLC Firm/Company WILLOW POND CIRCLE Address PALM BEACH FL 33417 City/State and Zip Code TRANSPORTSLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) this matter, please call: 1845 6743450 Area Code Daytime Telephone Number g amount: 20 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section	
	4239 WILLOW POND C	CIRCLE	
		Address	**************************************
	WEST PALM BEACH F	L 33417	
For further information	ti-mail address: concerning this matter, please of		fication)
JEFFREY E VAUGHN	J JR	57.12.13.0	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
篇 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Sect Division of Corp The Centre of Ta	orations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LA.G.I.TRANSPORTS LLC

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	ed Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Li Florida document number L20000295704	iability Company were filed on 09/21/2020	
This amendment is submitted to amend the follo		
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica		
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
	-	
3. If amending the registered agent and/or reg	gistered affice address on our records o	
3. If amending the registered agent and/or reg	gistered affice address on our records o	
3. If amending the registered agent and/or reg gent and/or the new registered office address	gistered affice address on our records o	nter the name of the new regist
3. If amending the registered agent and/or registered office address and/or the new registered office address Name of New Registered Agent:	gistered affice address on our records o	nter the name of the new regist
3. If amending the registered agent and/or registered office address agent and/or the new registered office address Name of New Registered Agent:	gistered office address on our records, <u>e</u> <u>here</u> : Enter Florida street a	nter the name of the new regist

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
AMBR	Sandra R.Parrino	4239 Willow Pond Circle west palm beach fl 33417	= Add
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Filing Fee: \$25.00