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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OPPLYPS Transport ((C
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:
Orelvis Fernandez Corcho Name of Person
Ocelvis Transport LCC Firm/Company
6803 Rosewood ct
Tampa FL 33615 City/State and Zip Code
Yanis ley F @ Janob. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Orelvis Fernandez Corcho at (813) 377. 5417 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orelvis transport	_ (CC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Iorida document number <u>L 2 00 00 30 9 (</u> L)		and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abb	previation "L.L.C."
inter new principal offices address, if applicable:	<u></u>	£ 28
Principal office address MUST BE A STREET ADDRESS)	#E' :	720 C
	_ ;	HO IT
		1
nter new mailing address, if applicable:		33a
Mailing address MAY BE A POST OFFICE BOX)		9
		£
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter the name</u>	e of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		7: 2) 1
	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.

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
MGR	Mabel Lopez Mollinedo	6803 Rosewood Ct Tampa, FL 33615	■Add
			□Remove
			□Change
			
			□Remove
			□Add
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ecti	e date, if other than the date of filing: (optional)
cffe e: 1	re date, if other than the date of filing:
ume	nt's effective date on the Department of State's records.
cord s file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
od	11/18/20
cu_	00
	Signature of a member or authorized representative of a member