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COVER LETTER

TO: Registratio Division of	on Section f Corporations	
SUBJECT:	Warriors Transportation LLC Name of Limited Liability Company	
The enclosed Article	es of Amendment and feets) are submitted for filing.	
Please return all corr	respondence concerning this matter to the following:	
	Leonel Rodriguez	-
	Warriors Transpostation LLC	-
	5501 University Club BluD n Apt 1	71
	Jacksonville FL 32277 City/State and Zip Code Leonel rodriguez 558 @ Yahoo. com Lemail additiss. (to be used for futilitie annual report notification)	2021 OC SECRE FALL
	Leonel rodriguez 558 9 yahoo. com	71-7 71-7 71-8
For further information	ion concerning this matter, please call:	
Leone	Rodriguet at 1 404, \$55-6384 Area Code Daytine Telephone Number	021 OCT -7 PM 1: 18 SECRETARY OF STATE TALL/PHASSES FE
,	Area Code Daytine Felephone Summe	i
Enclosed is a check f	for the following amount:	
□ \$25.00 Filing Fe	Certificate of Status Certified Copy Certified (additional copy is enclosed) Certified	ite of Status &
<u>Mailing Ad</u> Registratio	Adress: Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Warriors Transport (Name of the Limited Liability Compa	20station LLC nv as it now appears on our reconnability Company)	2021 OCT - SECRETA TALLIA
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000313737</u> .	were filed on	- 2000 and and ssigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	' m ∞
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" 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:	iddress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florada street addr	PYV
	F	Torida

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 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	Margaret Davidson	5501 University Club Blu D	<u>) </u>
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refrective date is I <u>te:</u> If the date in		pecific and connot be loes not meet the a	e prior to date of filing applicable statutory	or more than 90 days a filing requirements, i	fter filmg.) Pursuant to 605,020 this date will not be listed (
cord specifies a s filed.	delayed effective date	z, but not an effect	tive time, at 12:01 ;	i.m. on the earlier of:	(b) The 90th day after th
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ed Oct	7 ne/AROC OVEL A	lugio	Z	lative of a member	

Filing Fee: \$25.00