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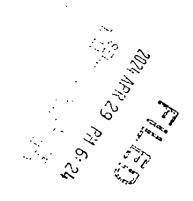
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

L,	stration Se sion of Cor			
		nsport Three LLC		
SUBJECT	<u> </u>	Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	<u>-</u>	
		Ashley Beal		
			Name of Person	
			Firm/Company	
		2655 N Airport Road #60-		
			Address	
		Ft Myers, FL 33907	0.0.0.10.0.1	
		AP@capstoneholdingsinc.c	City/State and Zip Code com	
		E-mail address: (to be used for future annual report no	otitication)
For further in	formation c	oncerning this matter, please ca	all:	
Ashley Beal			850 321-5713 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fec	S30.00 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)
	ling Addres		Street Address: Registration S	ection
_		Section Sorporations	Division of Co	
P.O	Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Transport Three, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	_
The Articles of Organization for this Limited Liability Cor Florida document number <u>L20000323384</u>	mpany were filed on 10/13/2020 and	l assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:		V
(Principal office address MUST BE A STREET ADDRE	ESS)	. 64
	. 29	- 4
	70	577
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	24	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the</u>	new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City Zip C	ode

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>	<u>Address</u>	Type of Action
CFO	Christopher P Koepper	2655 N Airport Road #60439	□Add
		Ft Myers, FL 33907	= Remove
			☐Change
			□ Add
			□Remove
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ffective date, if other than the an effective date is listed, the date mus	st be specific and cannot be prior	or to date of filing or mo	re than 90 days after fil	ing.) Pursuant to 605.0207 (
lote: If the date inserted in this blocument's effective date on the Do			requirements, this di	ate will not be listed as t
	e date, but not an effective	time, at 12:01 a.m. oi	n the earlier of: (b)	The 90th day after the
	- Line, our mir un orroutive			
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I is filed.		·		
1 is filed. April 24 Pated				
1 is filed. April 24 Pated			of a member	
record specifies a delayed effective d is filed. April 24 Ashley Beal Ashley Beal			f a member	