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Y. SCOTT JAN 2 9 2022

COVER LETTER

TO:	Registration Sec Division of Cor		- 4) ,		
CUBI		S TRANSPORTATION LLC	;				
SUBJ	:C1:	Name of Lin	nited Liability Company				
The en	closed Articles of a	Amendment and fee(s) are sub	omitted for filing.			ສີ່ ພຸກ ພຸກ Gee. Status &	
Please	return all correspon	ndence concerning this matter	to the following:				
		JOSAPHAT CHARLES					
			Name of Person				
		HOMELESS TRANSPOR	RTATION LLC				
			Firm/Company				
		690 NW 20TH STREET					
			Address		SE	202	
		POMPANO BEACH, FL.	33060		CRET ALL/	Z.JAN	
			City/State and Zip Code		ARY VRA	24	
		ZPBOI79@GMAIL.COM			SSO	P	
		E-mail address: (to be used for future annual report no	otification)	ان بر س	≖ ယ	
For fur	ther information co	oncerning this matter, please c	all:		FAE		
ZPBO	179@GMAIL.CON	1	954 268-4947 at ()				
	Name of	Person		me Telephone Nu	umber	_	
Enclos	ed is a check for th	e following amount:					
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cert Cert	00 Filing I tificate of tified Copy itional copy i	Status & S	
	Mailing Address Registration S Division of Co P.O. Box 632	ection orporations 7	Street Address: Registration S Division of Co The Centre of	orporations Tallahassee	_		
	Tallahassee, F	1. 32314	2415 N. Monr	oe Street, Sui	ite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMELESS TRANSPORTATION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/14/2020}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Twenty-one Nations Elite LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 690 NW 20TH STREET Enter new principal offices address, if applicable: POMPANO BEACH FL 33060 (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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

If Changing Registered Agent, Signature of New Registered Agent

, 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			S 25 Add
		 	CR JARRemove
			ARY OF STAIL AND SEE. FL
			SECRE JARY OF STATE TALL VHASSEE, FL
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ective date, if other than the dat	e of filing;		(optional)	
effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior to d	ate of filing or more than 90	days after filing.) Pu	rsuant to 605.020
nument's effective date on the Depar	tment of State's records.	· ····································		, not be mited a
cord specifies a delayed effective da s filed.	te, but not an effective time,	at 12:01 a.m. on the earl	ier of: (b) The 90)th day after the
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Josopha f	nature of a member or authorize	ed representative of a member	er	

Filing Fee: \$25.00