## L2000345593

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## **COVER LETTER**

	Registration S Division of Co			
SUBJEC		ORT 75 LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · ·	Name of Lin	nted Liability Company	<del></del>
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		PRIS	SCILLA ANTONIA GONZALEZ	
			Name of Person	
			FinivCompany	
			6456 SW 9TH ST	
		19727	Address	
			MIAMUFL 33144	
			City/State and Zip Code	
			to be used for future annual report no	(ification)
For furthe	er information	concerning this matter, please e	all:	
PRISCIL	LA ANTONIA	A GONZALEZ	786 750-0143 at ()	
	Name	of Person		me Telephone Number
Enclosed	is a check for	the following amount:		
□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	oction.
Registration Section Division of Corporations			Registration Section of Co	
I	P.O. Box 63	27	The Centre of	Tallahassee
-	Fallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL 14 PH 3: 24

<del></del>	TRANSPO	ORT 75 LLC	
(Name of the L	imited Liability Comp (A Florida Limited	pany as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited	d Liability Compan	y were filed on $\frac{10/30/20}{}$	220 and assigned
Florida document number 1.20000345593			
This amendment is submitted to amend the f	following:		
A. If amending name, enter the new name	e of the limited lial	hility company here:	
The new name must be distinguishable and contain th	c words "Limited Liab	ility Company," the designate	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app		6456 SW 9TH ST	
(Principal office address MUST BE A STRI		MIAMI FL33144	
Enter new mailing address, if applicable:		6456 SW 9TH ST	
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI FL 33144	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office a	address on our records,	enter the name of the new registered
tegstered write addr	ess nere:		
Name of New Registered Agent:	PRISCILLA AN	NTONIA GONZALEZ	
New Registered Office Address:	6456 SW 9TH S	<b>ST</b>	
		Enter Florida street	address
	MIAMI		, Florida 33144 Zip Code
		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

Title	<u>Name</u>	Address	Type of Action
AMBR	HERNANDEZ TAMAYO, MAIQUEL L	11311 SW 160TH CT	
		MIAMI FL 333196	<del></del>
AMBR	PRISCILLA ANTONIA GONZALEZ	6456 SW 9TH ST	IIChange
<del></del> -	TOTAL GONZALEZ		<b>≅</b> Add
		MIAMI FL 33144	URemove
			——— □Change
			\(\sum_{\text{Remove}}\)
			CChange
			ÜAdd
			DRemove
			OAdd
			[]Remove
			(7) Change

Effective date, if other than the date of filing:  (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a focument's effective date on the Department of State's records.  The cord 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 dis filled.  Signature of a member of substituted representative of a member.  PRISCILLA ANTONIA GONZALEZ		ormation, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:  [an effective date, if other than the date of filing:  [an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (once: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to locument's effective date on the Department of State's records.  The coord 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 dis filed.  Signature of a member authorized representative of a member		
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PRISCH LA ANTONIA CONZALEZ		Signature of a member or authorized representative of a member
		PRISCH LA ANTONIA CONZALEZ

Filing Fee: \$25.00