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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Co				
SUBJECT: M	or Transportation	Services LLC.	· · · · · · · · · · · · · · · · · · ·	
	Name of Limi	ted Liability Company		
The enclosed Articles of	'Amendment and fee(s) are subr	nitted for filing.		
Please return all corresp	ondence concerning this matter t	to the following:		
	Marvio	A VILES Name of Person		
	HOR 7	Name of Person	Services LLC	
		Firm/Company		
	610 €	8th Avenue		
	Hiau	ah, fl 33010		
		City/State and Zip Code		
	E-mail address: (1	o be used for future annual report notif	SPORTATIONSERVICESLLC@	اه
For further information	concerning this matter, please ca	att:		
Marvin	Avile 5 of Person	at (305) Area Code Daytime	244-9633 eTelephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 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)	
Mailing Addre	<u>ss:</u>	Street Address:		
Registration	Section	Registration Sec		
Division of O P.O. Box 63	-	Division of Corp The Centre of T		
1,0,000,00	- ·	- 112 041141 01 1		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MDR Tran	Sportation	Services LLC	
(Name of the Limite	A Florida Limited L	y as it now appears on our rectability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Lia		were filed on	12020 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
he new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	
Principal office address MUST BE A STREET	ADDRESS)		2020
inter new mailing address, if applicable:		W/A	
Mailing address MAY BE A POST OFFICE BOX)			¥ 0
			0
B. If amending the registered agent and/or regent and/or the new registered office address	gistered office ac	idress on our records, <u>ent</u>	er the name of the new register
gent and/or the new registered office address	<u>ucię</u> .		
Name of New Registered Agent:	NIA		
New Registered Office Address:	NIA		
		Enter Florida street add	ress
			Florida
		City	Zip Code

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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>	Name	Address	Type of Action
AMBR	Marvin Aviles	610 East 8th Avenue	DAdd
	MARVIN AVILES	Healean, FL 33010.	□Remove
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			□Add
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	other than the date of	filing.	11/6/20	20 (ont	ional)	
fective date, if	listed, the date must be speci-	fic and cannot be pr	ior to date of filing or	more than 90 days after	er filing.) Pursuant to 605	
an effective date is	ive date on the Departmen			ng requirements, in	is date witt not be tise	cu a
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an effective date is total in the date is comment's effective record specifies a lis filed.	——————————————————————————————————————	—· —	e time, at 12:01 a.m			i ar
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