L20000364486

(Re	equestor's Name)	
(Ad	ldress)	_
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

	Division of Cor		, ·	•
CHD IEZ	YZ TRAN	SPORT LLC		
SOBJEC	T:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		MARIA M ESTRELLA		
			Name of Person	
			Firm/Company	
		PO BOX 2414		
			Address	
		APOPKA FL 32704		
			City/State and Zip Code	
		MESTRELLA7214@GMA		
Car Carl	i C i		to be used for future annual report not	theation)
		oncerning this matter, please c	aii:	
MARIA	M ESTRELLA		845 461-6140 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25. (00 Filing Fee	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)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YZ TRANSPORT LLC				
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company florida document number <u>L20000364486</u> .	y were filed on 11/17/202	0 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here:			
GLOBAL LINK TRANSPORT LLC				
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designati	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2758 LANCASTER C	2758 LANCASTER CT		
Principal office address MUST BE A STREET ADDRESS)	APOPKA FL 32703			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		, enter the name of the new regi		
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: MARIA M ES	STRELLA	, enter the name of the new regi		
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	STRELLA STER CT	•		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2758 LANCAL	STRELLA	address ;		
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: MARIA M ES	STRELLA STER CT Enter Florida stree	address ;		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2758 LANCAL	STRELLA STER CT	•		

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		****	Change
			□Add
			□Remove
			□Change
	440.		□Add
			□Change
			□Add
			□Remove
			□Change
	P1		□Add
			□Remove
			ClChange

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ffective date, if other than the d	09/30/20.	21	(ontional)	
ffective date, if other than the data is listed, the date must be stee: If the date inserted in this block document's effective date on the Dep	k does not meet the app	licable statutory filing re	han 90 days after filing.) quirements, this date v	Pursuant to 605.0207 (will not be listed as t
record specifies a delayed effective of is filed.	date, but not an effective	etime, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
SEPTEMBER 30	2021	·		
May	gnature of a member or au	horized representative of a	member	
		,		
MARIA M ESTRELLA				

Filing Fee: \$25.00