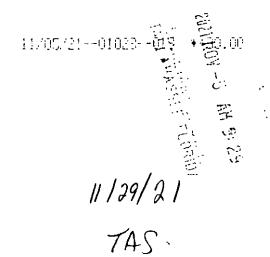
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(Requestor's Name)
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## **COVER LETTER**

Division of C	orporations		•			
	RDE TRASPORTACION LLC		•			
SUBJECT:Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	GREISY SUAREZ					
		Name of Person				
	DIRECT SOLUTION SE	RVICES				
	<del></del>	Firm/Company				
••	1248 Viscaya Pkwy					
		Address				
	Cape Coral, FL 33990					
		City/State and Zip Code	<del></del>			
	info@directsolutionservice	s.com to be used for future annual report not	tication)			
For further information	n concerning this matter, please c					
GREISY SUAREZ		239 443-5846 at ( )				
Name	e of Person	Area Code Daytim	ne Telephone Number			
Enclosed is a check for	the following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addi</u>	·ess:	Street Address:				

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONCORDE TRASPORTACION	LLC					
(Name of the Lim	ited Linbility Compa (A Florida Limited)	iny as it now appears on our r Liability Company)	records.)			
The Articles of Organization for this Limited L Florida document number L20000395392						
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company here:				
CONCORDE TRANSPORTATION LLC						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if appli-	cable:	4002 WOODACRE LN				
(Principal office address MUST BE A STREET ADDRESS)		TAMPA, FL 33624				
	_		22			
			1011 PG			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4002 WOODACRE LN	The Report of			
		TAMPA, FL 33624				
			7. <u>a</u>			
			رق الم			
B. If amending the registered agent and/or agent and/or the new registered office addre	N, r	address on our records, <u>e</u>	enter the name of the new registere			
Name of New Registered Agent:	MORA RODRIGUEZ, JOSBEBTT					
New Registered Office Address:	4002 WOODA	CRE LN				
	-	Enter Florida street a	address			
	TAMPA		, Florida 33624			
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MORA RODRIGUEZ JOSBEBTT	4002 WOODACRE LN	
		TAMPA FL 33624	□Remove
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be			(option:	al)	
effective date is listed, the date must be specific and cannot be e: If the date inserted in this block does not meet the a	e prior to date of applicable stat	filing or more that utory filing reau	i 90 days after fili rements, this da	ng.) Pursuar ate will not	nt to 605.0 be listed
ument's effective date on the Department of State's re-		,			
ord specifies a delayed effective date, but not an effec	tive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th d	ay after
filed.					
OCTOBER 29 2021					
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- LA	<del></del>				
Signature of a thember o	or authorized rep	resentative of a m	mber		

Filing Fee: \$25.00