## 121000035449

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Registration Section

TO:

### COVER LETTER

Division of Cor	perations		
42 TRANS	PORT LLC		
SUBJECT:	Sagre of Emil	ed Grability Company	
The enclosed Articles of	Amendment and feets) are sub-t	sitted for illing	
Please return ail correspo	ondence concerning this matter to	the following:	
	CARLOS ABREU		
		Name of Person	
	42 TRANSPORT LLC		
	ne neutralization version i refraid to commission des des restricteds	Lirin Company	
	4630 SW BACHELOR ST		
		Address	<del></del>
	POR I ST LUCIE FL 34945		
	4 - 1 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	City State and Zip Code	
	calen 391 o yahooleens		
	El mart address, etc	be used for future annual report not	dication)
For further information e	oncerning this matter, piease cal	i.	
CARLOS ABREU		772 2677366	
Name o	f Person	at () Area Code ——Daytin	ne Telephone Number
Enclosed is a check for t	ie following amount		
■ \$25.00 Filing Fee	□ \$50.00 Filmg Fee & Certificate of Status	2 355,00 Fring Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Solvision of Control P.O. Box 632	Section Torporations 17	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FL	rporations Fallahassee Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

in the state of the state of

42 TRANSPORT LLC

21 APR 29 PH 1: 25

(Name of the Limited Liability Company as it now appears on our records.)
(A Lacida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	ay were filed on 01 19/20	21 and assigned
Florida document number 1.21000035449		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ibility Company," the designa	non "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 offic	e address on our record	s, 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	Fowr Florida str	set address
		Florida
	City	Florida
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	te performance of my d s provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

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 = N AMBR = A	Aanager Authorized Member	Address 21 AFR 29 PM 1: 25	
<u>Title</u>	Name	Address 21 AFR 29 PM 1: 25	Type of Action
MGR	LEATITIA BONNUAD	3202 MA FILDA S F	
		MIAMI FI, 33133	
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	04 19/2021	
Note: If the date inserted in the	the date of filing:	
ne record specifies a delayed efford is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated	2021	
Dated		
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	figuature et a member or authorized representative of a member	
(1,110	A 1 Almore Typed or printed name of signee	
CARIO	A 1 MUCCY	