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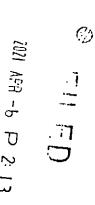
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	j





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COVER LETTER

TO: Registration S Division of Co			•
MGĄLVI	EZ TRANSPORT LLC		**
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	DIANELYS PEREZ		
		Name of Person	_
		Firm Company	
	20053 NW 55TH PL		
		Address	
	MIAMI GARDENS, FL 3	3055	
	MGALVEZ86@HOTMAII	City/State and Zip Code L.COM	
	•	to be used for future annual report notification)	-
For further information	concerning this matter, please ca	all:	
DIANELYS PEREZ		786 3953407	
Name	of Person	Area Code Daytime Telephone Numb	ber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy nat copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	INI NFR -6 P 2: 1:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGALVEZ TRANSPORT LLC		
(Name of the Limited Liability (A Florada Li	Company as it now appears on our record mited Liability Company)	<u>is.</u>)
(A) I MIGHT	miled Enterthing Company)	
The Articles of Organization for this Limited Liability Con-	pany were filed on January 26, 2021	and assigned
Florida document number L21000048787		
riorida document number		
This amendment is submitted to amend the following:		
a terror at the Parker	A.P. L.Phys. commun. Pages	
A. If amending name, enter the new name of the limited	d nability company here:	
		· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	-	
Trincipal Office address 11031 BE A STREET ADDINE.	<u></u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our records, enter	the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street addres	5.5
	FI	orida
	Ciny	Zip Code (2)
New Registered Agent's Signature, if changing Registered A	Agent:	2021
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my duties, and as provided for in Chapter 605.	nd I am familiar with an <u>d</u> F.S. Or, if th is 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
MGRM	Miguel Galvez	20053 NW 55th PL			
		Miami Gardens, FL 33055			
			Change		
MGR	Miguel Galvez	20053 NW 55th PL	□Add		
		Miami Gardens, FL 33055	□Remove		
			Change		
AMBR	Dianelys Perez	20053 NW 55th PL	= Add		
		Miami Gardens, FL 33055	Remove		
			□ Change		
					
			Remove ()		
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<u>ote:</u> If	the date inserted in t's effective date or	rthis block doe	es not me	et the appli	cable statute	ry filing requ	irements, thi	s date will	nogoć lis	sted a
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Filing Fee: \$25.00