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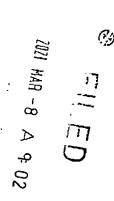
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor			.:
SUBJECT: NGE	Transport L Name of Lin	ited Liability Company	<b>*</b> -
	Amendment and fee(s) are sub	_	
	Noruin	EnniS Name of Person	<del></del>
	NGE Tran	SPORT LLC Firm/Company	
	3594 Coc	coplum circle	<u>2</u>
		reek, FL 33 City/State and Zip Code	
		eTransport . Correto be used for future annual report not	
For further information co	oncerning this matter, please c	all:	
Norvin 6	Person	at (609) 579 Area Code Daytin	9706 ne Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee.  Certificate of Status & Certified Copy (additional copy is expect)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee  oc Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NGE Transport LLC

( <u>Name of the Limited Lial</u> (A Flo	<u>bility Company</u> rida Limited Lia	as it now appeability Company)	irs on our records.)			
The Articles of Organization for this Limited Liability Florida document number <u>L210000491</u>	y Company w 62	ere filed on _	01/25/2	021	_ and ass	igned
This amendment is submitted to amend the following	:					
A. If amending name, enter the new name of the b	<u>imited liabili</u>	tv company h	iere:			
The new name must be distinguishable and contain the words "I	.imited Liability	Company," the	designation "LLC" o	or the abbre	viation "L.	L.C."
Enter new principal offices address, if applicable:			··			
(Principal office address MUST BE A STREET AD	DRESS)					
						<del></del>
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registe agent and/or the new registered office address here		dress on our	records, <u>enter th</u>	<u>e name o</u>	f the new	/ registered
Name of New Registered Agent:						
New Registered Office Address:						
		Enter Flo	orida street address		<u></u>	Cý
		City	, Flor	idā	<u>2</u>	
New Registered Agent's Signature, if changing Registo	ered Agent:	Cuir			77 COM	. į
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete po l agent as pro ered office a	erformance o ovided for in	f my d <mark>u</mark> ties, and Chapter 605, F.	her agree Lam fan St. Or, if i	idiar wiji Dis docil	h and ment is

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>	Address	Type of Action
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		COCONUT Creek, FL 3306	Z □Remove
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Effective (If an effective control of the control o	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	$\sim$ $\sim$ $\sim$
he recorc	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ord is file	ed. 202
Datad	May 04 2021.
Dateu	1
	Signature of a member or authorized representative of a member
	Norvin EnriS Typed or printed name of signce