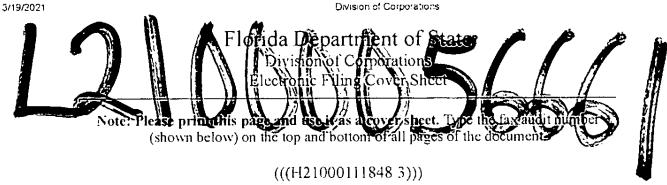
To: 18506176303 From: 19165767036 Date: 03/19/21 Time: 9:54 AM Page: 02/05

Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number

: (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: __RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN B AND R TRANSPORT SERVICES LLC

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M. SOLOMON

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili	R Transport Services LLC ity Company as it now appears on our records.) a Limited Liability Company)		
	, , , , , , , , , , , , , , , , , , ,		
The Articles of Organization for this Limited Liability Company were filed on 02/01/2021 and assigne			
Florida document number 1.2.1000056661	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		. •	202
Principal office address MUST BE A STREET ADDR	RESS)		2021 HAR
		: - - !	
		, 7	19
Enter new mailing address, if applicable:			Ŷ
Mailing address MAY BE A POST OFFICE BOX)			æ
		-2 m	£-
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		er the name of the	е пеу
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	7ip 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

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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
AMBR	Requal Golden	410 3rd Street SE	≟ Add
			☐ Remove
		Havana, F1. 32333	☐ Change
			□ Komove
			☐ Change
			□ Addi S
			□ Addi 22
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·			□ Add
			Remove
			T Chance

To: 1850%176383 From: 19165767036 Date: 03/19/21 Time: 9:54 AM Page: 05/05

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 HAR 19 AH 9: 49

E. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date o <a applicable="" block="" date="" does="" href="Note: " if="" in="" inserted="" meet="" not="" note:="" stated="" th="" the="" the<="" this=""><th></th>	
document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an el (b) The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated March 19 - 2021	
Dearen Mald	lni
Signature of a member or authorized re	presentative of a member
Requal Golden	
Typed or printed name	of signee

Page 3 of 3

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