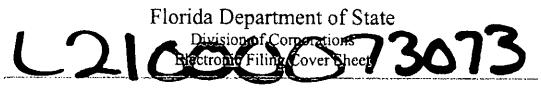
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 120040000007 Phone : (305)640-0281 Fax Number : (305)489-2902

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

Email Address: LAXMYS Carnella Conail. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NU AMERICAN TRANSPORT LLC

Certificate of Status	0
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Corporate Filing Menu

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TO:

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Registration Section

13054892902

COVER LETTER

Division of Cor	porations		•	
NU AMER	ICAN-TRANSPORT LLC			
NU AMERICAN TRANSPORT LLC SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	• • •		
	NEDLER W MONESTIM	E		
		Name of Person	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	NU AMERICAN TRANSI	PORT LLC		
		Firm/Company		
	13805 NW 3RD AVE			
		Address	··	
	NORTH MIAMI FL33168			
		City/State and Zip Code		
	GAIL.LAXMTSCARRIER	-		
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	ıli:		
LAXMY CHACON		305 640-0281		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 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) 	
Mailing Addre Registration Division of O	Section Corporations	Street Address: Registration Se Division of Co	rporations	
P.O. Box 63: Tallahassee,		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810	

Tallahassee, FL 32303

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From: LAXMY CHACON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NU AMERICAN TRANSPORT LI				
(Name of the Limit	ed Liability Compa (A Florida Limited I	nv as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited L. Florida document number L21000073073	iability Company	were filed on 02/11/22021	and assign	ned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applic	able:	NEDLER W MONESTIN	ME S	
(Principal office address MUST BE A STREE			22 MA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	13805 NW 3RD AVE NORTH MIAMI FL 3310	68 24	TEANOLE!
B. If amending the registered agent and/or agent and/or the new registered office addre	ss here:		enter the name of the new	registered
Name of New Registered Agent:	NEDLER W M	IONESTIME		
New Registered Office Address: 13805 NW 3RD AVE Enter Florida stre			address	
	NORTH MIA	M!	_, Florida 33168	
		City	, r tortdaZip Code	
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		

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 Rugistered 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>	Name	Address	Type of Action
MGR	DEACON, FITZROY	843 NW 140TH TERR	□Add
		MIAMI FL 33168	≅ Remove
			☐ Change
			□Remove
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□ Change
			□ Remove
			□ Change

* Page: 6 of 6

If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the difference of the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	obtional) ate of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 505.02 ck does not meet the applicable statutory filing requirements, this date will not be listed spartment of State's records.
e record specifies a delayed effective d rd is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY 2DN	, 2022
Si	ignature of a member or authorized representative of a member
NEDLER W MONESTIM	1E
	Typed or printed name of signee