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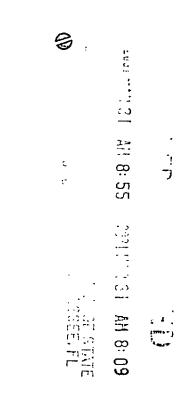
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Name of Limite	S Transport L d Liability Company	TC_
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Jo	Name of Person	
	681 Eas	Firm Company H 48th ST Address	
	World-Lucking E-mail address: (10	City/State and Zip Code Service Suc & Co. Be used for future annual report notifi	3 com
For further information co	meerning this matter, please ca	D;	
Jordi Mo	Y cales Person	at (1 2 Code Daytime	2 26 7 e Telephone Number
Enclosed is a check for th	c following amount:		
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Se Division of Con The Centre of T	porations
P.O. Box 632	1	00	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L2100078038</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lig	ability company here:
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	681 East 48 St
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Hickal, Fl 32013
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: (681)	East 48 St Enter Florida street address City Zip Code
New Registered Agent's Signature, if changing Registered Age	•

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.

Grain Grain 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

Title	<u>Name</u>	Address	Type of Action
JBMI	Jordi Morales	681 East 48 st 14:06AH	∑ ⊟Add
		Fl 33013	□Remove
			□Change
MGR	Gerardi J Herales	6818ast 4884 Hich	bbAE/ <u>n.</u>
		Il 33013	□Remove
			Change
<u>S</u> _	Janiely Comparo	621 East 48st	XAdd
	-	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	□Remove
			□Remove
			①Change
			□Add
			□Remove
			= Change
			🗀 Add
			□Remove
			=Change

	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u> </u>	
<u></u>	
Note: If the date	if other than the date of filing:
e record specifies d is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	<u>.</u>
	Tord, Morales Typed or printed name of signee

Filing Fee: \$25.00