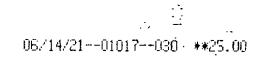
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Pusinger Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



200367925292



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 4 try Tyanpurt I	ed Liability Company	
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
<u>Marquis</u>	Name of Person	-
	Firm/Company	-
1665 NW 13	Address :	- • • •
North Migmi,	Fluydia 33167 City/State and Zip Code	-
	be used for future annual report notification)	
For further information concerning this matter, please cal	II:	
Marquis Brantley Name of Person	at (954) 842 5201 Area Code Daytime Telephone Number	 -
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Address: Registration Section	Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

τ̈́O:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF .

(Name of the Limited Liability Comba (A Florida Limited	inv as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on 2/22/2014	and assigned			
Florida document number 121000085861.					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
4 FINOZ Transport LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		<u></u>			
		•			
Enter new mailing address, if applicable:	8333 NW 56Rd St	··			
(Mailing address MAY BE A POST OFFICE BOX)	STE 450				
	Doval Flordia & 3	31bb			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	name of the new registere			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and La provided for in Chapter 605, F.S. (m familiar with and Or, if this document is			

company has been notified in writing of this change.

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>	Address	Type of Action
VMpt	Marcel Braniuey	Lobs NW 130th St	□Add
		North Miami FL 33167	Premove
			🗆 Change
			□Add
			□Remove
			□Change
.			□Add
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			□Remove
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f an effective date Note: If the dat	if other than the objective date on the De	be specific and ock does not n	d cannot be pri meet the app	licable statut			iling.) Pursuant to	
e record specifie rd is filed.	s a delayed effective	date, but not	t an effective	time, at 12:0)1 a.m. on the	earlier of: (b)	The 90th day	after the
Dated <u>Ub/</u>	9/wy			 _/s				
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