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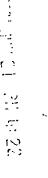
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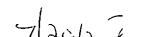




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COVER LETTER

TO:

ΓO: Registration Division of C			,
Lindor T	ransport LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Kerven Lindor		
		Name of Person	-
		Firm/Company	
	3660 Inverrary Dr, #2Z		
		Address	•
	Lauderhill, FL, 33311		
	lindortransportllc@yahoo.c	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please concerning	all:	
Kerven Lindor		305 741-8091 at ()	
Name	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Co The Centre of 1 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lindor Transport LLC	<u></u>	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	v were filed on ^{2/24/2021}	and assigned
Florida document number L21000091377		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab:	ility Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered office	address on our records, enter the nan	ie of the new register
agent and/or the new registered office address here:		()
Name of New Registered Agent:		r. *
New Registered Office Address:		-0
	Enter Florida street address	
	, Florida	15
	City	Zip 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 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
CEO	Kerven Lindor	3660 Inverrary Dr #2Z, Lauderhill, FL, 33319	\equiv Add
			□Remove
			□Change
MGR	Jeanette Lindor	3660 Inverrary Dr. #2Z, Lauderhill, FL. 33319	🗆 🗆 🗆 🗆
			□Remove
			■ Change
			□Add
			[]Remove
			□Change
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			□ Remove
			□Change
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			□Change
		<u></u>	🗆 Add
			Remove
			□Change

Feetive date, if other than the date of filing: (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 It is filled date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed element's effective date on the Department of State's records. Record 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 filed. Signature of a member or authorized representative of a member.				,			
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