## 12/000105796

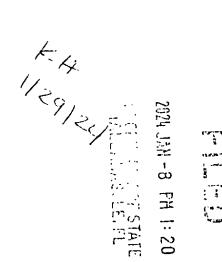
(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Sec Division of Corp				
subject: SC k	1 Transporta 1  Name of Limited Liability (	ON S LLC.		
The enclosed Articles of A	mendment and fee(s) are submitted for fil	ing.		
Please return all correspon	dence concerning this matter to the follow	ing:		
	Jose Chacin	of Person		
	Firm/C	`ompany	<del></del>	
	4148 Sherlock	c +		
	<u> </u>	32824 und Zip Code		
	E-mail address; (to be used for	future annual report notification	<u> </u>	
For further information co	ncerning this matter, please call:		2021	
Jose Cha	CIV at (at (at (at (at (at (	<u> 213, 36868</u> ,	06 Hone Number	42050)
Name of	Person Al	ea Code Daytime Telep		
Enclosed is a check for the	following amount:		PH TO	,) 
☐ \$25.00 Filing Fee		D Filing Fee & E fied Copy onal copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)	
Mailing Address		Street Address:		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCM Transpo			
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number <u>L2100010</u>	ility Company were filed on 915 23	and assigned	
This amendment is submitted to amend the follows:	ing:		
A. If amending name, enter the new name of th	ne limited liability company here:		
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the a	bhreviation "L.L.C."	_
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		_
			_
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>	
R . If amending the registered agent and/or reg	istered office address on our records, enter the nan	ne of the newsregi	 stered
agent and/or the new registered office address I	here:		121175
Name of New Registered Agent:		; ; <del>0</del>	17 L. R. 16" 9
New Registered Office Address:			سر - آ مدا —
	Enter Florida street address	1: 20 STATI	
	, Florida	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>	<u>Address</u>	Type of Action
<u> Mojr</u>	Jose Chacin	4148 Sherlock Ct	🗆 Add
		Orlando FL 32824	□Remove
MGY	Laura Valbuena	4143 Sherlock Ct	
		Orlando FL 3282	<del> </del>
			□Change
			□Add
			Remove
			Remove  Chame  Add PH   20  Chame
			Remove 2
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Change
			□Add
			□Remove
			□Change
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		<u>.</u>
<del></del>		
		124
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		20 FATE
E <b>ffective d</b> If an effective	late, if other than the date of filing:	<b>ptional)</b> itter filing.) Pursuant to 605,0207
Note: If the	e date inserted in this block does not meet the applicable statutory filing requirements,	this date will not be listed as
document s	s effective date on the Department of State's records.	
1		
e record spe rd is filed.	ecifies 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 (	JAnuary . 02 2024	
_	1.00	
	Signature of a member or authorized representative of a member	
	JOSE MACIN	
	Typed or printed name of signee	

Filing Fee: \$25.00