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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SUPREME TRANSPORTAT	ION, LLC				
(Name of the Limited	Liability Compa Florida Limited L	ny as it now appears o nability Company)	n our records.)		
The Articles of Organization for this Limited Liab Florida document number L21000118386 This amendment is submitted to amend the follow	pility Company			and assign	ied
A. If amending name, enter the new name of t	<u>he limited liab</u>			2021 HAN SECRE	<u>"11</u>
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the desi	gnation "LLC" or the	abbreviation L.C.	, 1 28-7-82 , 1 28-7-82
Enter new principal offices address, if applical	ole:	7901 4th St N			<u> </u>
(Principal office address MUST BE A STREET		STE 300			7-)
(Trincipal office data is west bis reserves)	<u> </u>	St. Petersburg	J FL 33702	17/15 17/15	
Enter new mailing address, if applicable:	() ()	7901 4th St N STE 300			
(Mailing address MAY BE A POST OFFICE BOX)		St. Petersburg	g FL 33702		
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered o ice address her	ffice address on e e:	our records, <u>ent</u>	er the name of	the_new
Name of New Registered Agent:	Registere	d Agents Inc.			
New Registered Office Address:	7901 4th	St N STE 300	a street address		
	Ct Dotor			33702	
	St. Peters	Ciry	, Florida	Zip Code	
New Registered Agent's Signature, if changing Re	egistered 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 Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Angel M Santiago	7901 4th St N	
		STE 300	□ Remove
		St. Petersburg, FL USA 33702	
AMBR	Sarah Cardona	7901 4th St N	🖸 Add
		STE 300	Ø □ Remove
		St. Petersburg, FL USA 33702	The second second
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. Effective date, if other than the da	ite of filing:		(optional)	
(If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	t does not meet the applic	cable statutory filing requ	m 90 days after filing.) P direments, this date wi	If not be listed as
the record specifies a delayed e The 90th day after the record	ffective date, but no	ot an effective time,	at 12:01 a.m. or	the earlier of
Dated 05/04	2021	·		
Riluy Park				

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Typed or printed name of signee

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