L21000119169

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	Address)	
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COVER LETTER

Division of Corporations	
SUBJECT: EDU & SON	TRANSPORT LLC.
Name of L	imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
EDUARDO	MELGAREJO Name of Person
	· —···
- EDUA &	SON TRANSPORT LLC.
- 81 BF	21 d GETTE BLUZ. Address
LAKE U	U0/27 4 F1 33463 City/State and Zip Code
E-mail addres	s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
EDUARDO MELGARE	at (561) 401-31-57. Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee \$\footnote{\scales}\$\$\$\$ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy ☐ Certificate of Status &
/ Certificate of Status	Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Registration Section

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

company has been notified in writing of this change.

- EDU SON (Name of the Limited Liability Compa (A Florida Limited I		ears on our records.)		
		•		
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000119169</u>	were filed on _	MARCH, 23	<u>, 207</u>	21 and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab -EDUA & SON TRANS D The new name must be distinguishable and contain the words "Limited Diabit			r the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:				 .
(Principal office address MUST BE A STREET ADDRESS)	LAKE	BRIVET WORTH	TE. Fl	BWd 33463.
Enter new mailing address, if applicable:				- ; · · · ; · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	LAKE	BRICETA WORTH	rë Fl	BLUL. 33463
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our	records, enter the	e name	of the new registere
				er.
Name of New Registered Agent:		····		
New Registered Office Address:	Enter F	lorida street address	<u>. </u>	
		, Flori	da	
New Registered Agent's Signature, if changing Registered Agent:	City			7.ip Code

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

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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		·	Change
			□ Add
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ective date is li If the date in	other than the date isted, the date must be s iscreted in this block of we date on the Depart	pecific and cannot loes not meet the	e applicable statut	iling or more to	(opti han 90 days after quirements, thi	filing.) Pursuant	to 605. De liste
d specifies a ed.	delayed effective date	e, but not an effe	ective time, at 12:	01 a.m. on tl	ne earlier of: (b) The 90th day	y after
Hace		<u>2</u>	02/ or authorized repre				_