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2021 JUN 28 PH 4: 34 SECRETARY OF STATE

A. Butler

COVER LETTER

TO:	Registration S	ection	X	1	•		
	Division of Co	rporations 7		,	•	Š	&
SUBJI		NSPORTATION SERVICES	LLC		•		- ;)
.,(/1)-,1		Name of Lin	nited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
		LUIS MEDINA					
		_	Name of Person				
		BIBI TRANSPORTATIO	N SERVICES LLC				
			Firm/Company				
		1422 NW 19TH ST					
			Address				
		CAPE CORAL, FL 33993					
		-	City/State and Zip Code	e			
			to be used for future annua	l report	notificatio	n)	-
For furt	ther information c	oncerning this matter, please c	alt:				
LUIS N	4EDINA			71-154	l		
		f Person	at () Area Code	Day	ytime Tele	nhone N	umber
	Name o						

. .

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

Street Address: 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

FILED

BIBI TRANSPORTATION SERVICES LLC

company has been notified in writing of this change.

2021 JUN 28 PH 4: 35

(Name of the Limited Liability Company as it now appears on our records.) ECRETARY OF STATE

(A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 03/15/2021 ____ and assigned Florida document number 122226 L21000 12 2 226 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.E.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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 🚅 Florida ___ 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

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

Title	<u>Name</u>	Address	Type of Action
MGR	SERGUEY PADRON ONETTO		
			■Remove
			□Change
MGR JULIA HERNANDEZ MARTN	JULIA HERNANDEZ MARTNEZ	1422 NW 19TH ST	■Add
		CAPE CORAL, FL 33993	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			Remove
			□Change

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E ffect If an eff	ive date, if other than the date of filing: O5/25/2021 (optional)
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