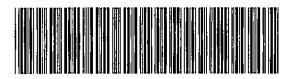
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COVER LETTER

TO: Registration Sec Division of Corp			
	S TRANSPORT LLC		
SUBJECT:	Name of Lin	nited Liability Company	-,
	Amendment and fee(s) are sub		
Please return all correspor	ndence concerning this matter	to the following:	
	FERNANDO TORRELLA	A	
		Name of Person	
	TORRELLA'S TRANSPO	PRT LLC	
		Firm/Company	
	7816 WEXFORD PARK I	OR APT 302	2021
		Address	
	TAMPA FLORIDA 33610)	2 2
		City/State and Zip Code	
	AANDRBUSINESS@HOT		ertion)
For further information on	e-mail address: (neerning this matter, please c	to be used for future annual report notific	cation) in on
JOSELYN CABALLERO		323 513-2840 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 Address Registration S		Street Address: Registration Sect	ion
Division of Co	orporations	Division of Corp	orations
P.O. Box 6327 Tallahassee, F		The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TORELLA'S TRANSPORT LLC		
(Name of the Limited Liability Con (A Florida Limited)	npany as it now appears on our red Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa	any were filed on 04/01/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
TORRELLA'S TRANSPORT LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		200
Enter new mailing address, if applicable:		22
		(3 m) (6) (400 D€ mag
(Mailing address MAY BE A POST OFFICE BOX)		5
		105 ER (7)
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>e</u>	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
Tien registered office running.	Enter Florida street	address
		, Florida
 -	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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			292 Change
			Add Remove
			Change
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			equirements, this	date wil	l not be	listed
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Filing Fee: \$25.00