## 121000205081

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## **COVER LETTER**

TO:	Registration Se Division of Cor		•	
SUBJE		'S TRASNPORT, LLC	•	
SUBJE	.01:	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
		Ariel Martinez		
			Name of Person	
		Royal Carrier Service, LL	С	
			Firm/Company	
		7392 NW 35th Terrace - S	uite 305	
		·- <u>-</u>	Address	<del>.</del>
		Miami, FL. 33122		
		<del></del>	City/State and Zip Code	
		ariel@royalcarrierservice.c		
			to be used for future annual report noti-	fication)
For furt	her information c	oncerning this matter, please c	all:	
Ariel N	fartinez		305 222-7116	
	Name o	f Person		e Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>X</b> \$25	5.00 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 Addres Registration S		<u>Street Address:</u> Registration Sec	rtion
	Division of C		Division of Cor	

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** 

ARACELYS TRASNPORT, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L21000205081	ere filed on 5/3/2021	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
ARACELYS TRANSPORT, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	viation "L.L.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 adeagent and/or the new registered office address here:	dress on our records, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:		
N. D 100° A.H.	÷	021
New Registered Office Address:	Enter Florida street address	3
	***	28
	Florida	Zip Ceda
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Code
		••
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as pro-	erformance of my duties, and I am fam	iliar with and

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 be or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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		<del></del>	□Remove
		<del> </del>	☐ Change
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable	late of filing or more than 90 e statutory filing requirem	(optional) days after filing.) Pursuant to 605.02 ents, this date will not be listed
e record specifies a delayed effectiv rd is filed.	e date, but not an effective time	at 12:01 a.m. on the earli	er of: (b) The 90th day after the
October 18th	2021		
MINI	Signature of a member or authorize	ad ranguagatativa of a manaka	

Filing Fee: \$25.00