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(R	equestor's Name)
(A)	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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(D	ocument Number)
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee. FL 32314

SUBJECT: S	OL EXPRESS	TRANSPOR	TATION	LLC
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MARIA	PIMENTEL Name of Person	•	
		Name of Letson		
		Firm/Company		
	つついら ハい	• •	RFET	
	7217 14	N ZO7 th ST		
	MIAMI (City/State and Zip Code	33056	
	NANCTA OT	City/State and Zip Code MENTEL Ø @ G	M47/ Cana	
		to be used for future annual report no		
For further information	concerning this matter, please co	all:		
MARIA P	IMENTEL	at (978) 360 Area Code Daytir	9840	_
Name	of Person	Area Code Daytir	ne Telephone Number	(!)
Enclosed is a check for	(-			\$
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOL EXPRESS TRANSPORTATION LLC

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

(A Florida Limited Liability Company)

(A)	Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi Florida document number $L210002391$	lity Company were filed on $\frac{5/24/2021}{43}$.	and assigned	
This amendment is submitted to amend the followi	ng:		
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L,C."	_
Enter new principal offices address, if applicabl	e:		_
(Principal office address MUST BE A STREET A	(DDRESS)		_
			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		_
			_
B. If amending the registered agent and/or regis	stered office address on our records, enter the nam	ne of the new regist	ered
The state of the s	<u></u> .		
Name of New Registered Agent:			<u>(</u> ;)
New Registered Office Address;		:	
rest registered villee Address,	Enter Florida street address		- -
	, Florida	κ <u>'</u> ,	
		Zip Code	_
New Registered Agent's Signature, if changing Regi		2:	
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further ag ind complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or, istered office address, I hereby confirm that the li- inge.	familiar with and , if this document is	

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:

itle	<u>Name</u>	Address	Type of Action
MLR	MARIA PIMENTEL	2315 NW 207" STREET	
		MIAMI GARDENS, FL 330	
			🗆 Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add NJ
			Remove 2
			Change
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		· · · · · · · · · · · · · · · · · · ·	□Add
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Filing Fee: \$25.00