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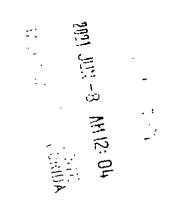
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## **COVER LETTER**

TO:

	gistration Se ision of Cor			
CUD IPAT.		ANSPORT LLC		
SUBJECT		Name of Lim	ited Liability Company	_
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		KRISHNA LEWIN		
			Name of Person	
		LEWIN TRANSPORT LL	C	
			Firm/Company	
		8970 NW 53RD STREET		
			Address	
		SUNRISE		
			City/State and Zip Code	
		KRISHNALEWIN@GMAI		
		E-mail address: (	to be used for future annual report notification)	_
For further i	nformation c	oncerning this matter, please ca	att:	
KRISHNA	LEWIN		718 864-4966 at ( )	
	Name o	f Person	Area Code Daytime Telephone Nutt	iber
Enclosed is	a check for th	ne following amount:		
□ \$25.00 l	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	O Filing Fee. Ficate of Status & Ted Copy Conal copy is enclosed)
	iling Addres gistration S		Street Address: Registration Section	
	_	orporations	Division of Corporations	
	D. Box 632		The Centre of Tallahassee	010
Ta	llahassee, I	L 32314	2415 N. Monroe Street, Suite	e 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEWIN TRANSPORT LLC		
(Name of the Lin	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited	Liability Company were filed on MA	Y 25, 2021 and assigned
Florida document number 1.21000244573	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	CET ADDRESS)	721
Tyme par office data too Moor Dr. 181112	<u> </u>	<u> </u>
		c <sub>2</sub>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
		12: 6
	<u></u>	9
3. If amending the registered agent and/or gent and/or the new registered office addr		cords, <u>enter the name of the new registe</u>
Name of New Registered Agent:	TONI-ANN POMMELLS	~
New Registered Office Address:	8970 NW 53RD STREET	
Tree ites in the first of the f	Enter Flori	da street address
	SUNRISE	, Florida 33351
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KRISHNA B. LEWIN	8970 NW 53RD STREET	
		SUNRISE, FLORIDA, 33351	■Remove
			Change
MGR	TONI-ANN N. POMMELLS	8970 NW 53RD STREET	
		SUNRISE, FLORIDA, 33352	□Remove
			— 53□Change
AMBR	TONI-ANN N. POMMELLS	8970 NW 53RD STREET	Z Add ···
		SUNRISE, FLORIDA, 33352	€ Remove
			Remove 2
AMBR	KRISHNA B. LEWIN	8970 NW 53RD STREET	□Add
		SUNRISE, FLORIDA, 33351	Remove
		<del></del>	□Change
			□Add
			Remove
			Change
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ective date, if other th	an the date of l	ülina:			(optional)	
effective date is listed, the	date must be specifi	e and cannot be p		ig or more than 90 day	ys after filing.) P	
e: If the date inserted in ument's effective date or				y ming requiremen	its, this date wi	ii not be listed i
cord specifies a delayed filed.	effective date, bu	t not an effectiv	ve time, at 12:01	a.m. on the earlier	of: (b) The 9	Oth day after th
d May 2	8 th	201	21.			
J	Alw i					
	Signature	of a member or a	uthorized represe	ntative of a member		