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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

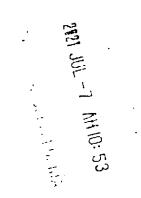
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COVER LETTER

Y&N Trans			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose A. Gonzalez Martin	ez	
		Name of Person	
	Y&N Transport LLC.		
		Firm/Company	
	449 Old Windsor Way, S	pring Hill	
		Address	
	Florida 34609		
	yntransport621@gmail.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Jose A. Gonzalez Mart	inez	727 276-0583	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	

Registration Section Division of Corporations 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

Y&N Transport LLC.		
(<u>Name of the Lim</u>	ited Liability Company as it now app (A Florida Limited Liability Compan	oears on our records.) y)
The Articles of Organization for this Limited I	Liability Company were filed on	Florida and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		72
		<u></u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
		=
		-
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office address on our	
Name of New Registered Agent:	Jose A. Gonzalez Martinez	
New Registered Office Address:	449 Old Windsor Way	
	Enter 1	lorida street address
	Spring Hill	Florida 34609
	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>	<u>Address</u>	Type of Action
MGR	Jose A. Gonzalez Martinez SR	449 Old Windsor Way	□Add
		Spring Hill, FL 34609	■Remove
			□Change
MGR	Jose A. Gonzalez Martinez	449 Old Windsor Way	■Add
		Spring Hill, FL 34609	□Remove
			□Change
			□Add
			Remove
			Add
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ective date, if other than	the date of fili	ing:		(opt	ional)	
effective date is listed, the date effective date inserted in the						
ument's effective date on the						
cord specifies a delayed effe	ective date, but n	ot an effective ti	ime, at 12:01 a.m.	on the earlier of: (b) The 90ti	i day after th
g filed.						
June 28		2021				
ed	0	· <u>///</u> /				
	1 1	4	//			

Typed or printed name of signee