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(Requestor's Name)
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COVER LETTER

TO: Registration So Division of Con			
WILMA T	RANSPORTATION SERVICE	ES LLC	
SUBJECT:	Name of Lin	nted Liability Company	
The continued Satisface of	Amendment and fee(s) are sub	Itted for filing. The following: Name of Person ON SERVICES LLC Firm Company 105 Address RIDA 33441 City/State and Zip Code M be used for future annual report notification) 115 126 13669120 137 Area Code Daytime Telephone Number 138 138 139 140 150 150 150 150 150 150 150	
	ondence concerning this matter	-	
	WILGEMPS SERAPHIN		
		Name of Person	
	WILMA TRANSPORTA	TION SERVICES LLC	
	·	Firm/Company	
	1001 SE 6TH AVE UNIT		
		Address	
	DEERFIELD BEACH, FU	ORIDA 33441	
		City/State and Zip Code	
	NASERAPHIN@GMAIL.C		
		•	fication)
For further information e	concerning this matter, please c	all:	
WILGEMPS SERAPHIN		754 3669120	
Name o	d Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	Stion
Division of C		Division of Con	
P.O. Box 632		The Centre of T	
Tallahassee, l	nu 34314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILMA TRANSPORTATION SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/16/2021 and assigned Florida document number [1.21000280805 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." NOT APPLICABLE Enter new principal offices address, it applicable: (Principal office address MUST BE A STREET ADDRESS) NOT APPLICABLE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: NOT APPLICABLE Name of New Registered Agent: NOME New Registered Office Address: Enter Florida street address _. Florida _

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	WILGEMPS SERAPHIN	1001 SE 6TH AVE APT A105 DEERFIELD BCH F	FL ≅Add
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			TChange
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Filing Fee: \$25.00