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COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	GLOBAL E	XPERT TRANSPORT LLC				
Jobaca.		Name of Lin	nited Liability Company			
The						
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Pablo Ruiz				
			Name of Person			
		GLOBAL EXPERT TRAI	NSPORT LLC			
			Firm/Company			
		999 SW 1ST AVE APT 32	212			
			Address			
		MIAMI, FL 33130				
			City/State and Zip Code			
		pblrz@hotmail.com				
		E-mail address: (to be used for future annual report notifi-	cation)		
For further in	formation co	ncerning this matter, please co	all:			
Pablo Ruiz			305 297-0853			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	following amount:			2021 AUG SECKE A	
≘ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Certified (မို့ဂြို Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Street Address: 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

GLOBAL EXPERT TRANSPOR			
(Name of the Lir	nited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Florida document number L21000280984	Liability Company	were filed on 06/16/2021	_ and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if appl	new principal offices address, if applicable: 836 Brooklet drive Davenport Florida 33837		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		836 Brooklet drive Davenport Florida 33837	
(Mailing address MAY BE A POST OFFICE BOX)	E BOX)		1 17 1945
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office a	iddress on our records, enter the name of	the new registe
Name of New Registered Agent:			
New Registered Office Address:	836 Brooklet dri	ive Davenport	
		Enter Florida street address	

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.

City

Davenport

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		
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