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21 SEP 20 PH 12: 41

## **COVER LETTER**

TO:	Registration Section Division of Corpora		v c		
SUBJI	ест:	enneggn Name of Limi	IGNS PUT (a)	Hon	<u> </u>
The en	closed Articles of Ame	ndment and fee(s) are sub-	mitted for filing.		
Please	return all corresponder	ce concerning this matter	to the following:		
	-	Dati Henr 2881, Miami hennego	Name of Person  Name of Person  Neggn / ra  Firm/Company  NW 204  Address  City/State and Zip Code  Co	gn nsforta streeg FL 33 10. Com	2 Hist L 2056
For fur	ther information conce	rning this matter, please ca	all:	por normation,	
	10444EHor Name of Per	M.C. GGA	at ( <u>305</u> ) <u> </u>	B/ <i>(Q. / O / )</i> Daytime Telepho	ne Number
Enclos	ed is a check for the fo	lowing amount:			
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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<sub>21 SEP 20 PH 12: 41</sub>

Hennegan Tra	insportation
(Name of the Limited Liability Compa (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 87-1933193.	y were filed on $7-13-2031$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	2881 NW 254th Street Miam, Gardens FL 33007
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2881 NW204th Street Miami Gardens FL 33052
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00