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To:		•
	Division of Corporations	
	Fax Number : (850)617-6383	
From	:	
3: 40 ORIO A	Account Name : REGISTERED AGENTS INC.	- 1
3: 40 CRIDA	Account Number : I20090000081	
	Phone : (307)200-2803	÷
) 	Fax Number : (855)330-1010	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CASHIN CARRY TRANSPORTATION LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASHIN CARRY TRANSPORTATION LLC

(Name of the Limited Liability Company as it now appears on our records.)

(2) Florida Ellinico (Elability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000331837	were filed on 07/21/21	and assigned -
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	5831 Country Lakes Dr	ive
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL. 33905	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the i</u>	name of the new registe
Name of New Registered Agent:		
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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior to date of filing or more lock does not meet the applicable statutory filing t	(optional) than 90 days after filing.) Pursuant to 605.0207 (equirements, this date will not be listed as t
	re date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
o9/21	2021	<u>.</u> !
(Morgan Odl	Signature of a member or authorized representative of	
V	Signature of a member or authorized representative of	a member

Filing Fee: \$25.00