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21 HOV -5 PH 4: 06

T. MATTHEWS NOV 15 ZUZI

COVER LETTER

Division of Corpo	orations		
subject: <u>Rob</u>	Name of Limi	Spoting Company ited Liability Company	LLC.
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Terence	Robinsts Name of Person	
	Robinson	TRANS porting Compa	ny LLC
	6000 Flax	MA) St Address	
	Pensacob,	F1 32506 City/State and Zip Code	
	Cobinsonty E-mail address: (0	to be used for future annual report notific	ation)
For further information con	ncerning this matter, please ca	all:	
TERRACE (Person Person	$\underbrace{\text{At } (870)}_{\text{Area Code}} \underbrace{\text{Daytime } 7}_{\text{Daytime } 7}$	770 Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 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)

TO:

Registration Section

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

21 NGY -5 PH 4: 08

(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 July 28, 2021 and assigned Florida document number 12100341627.
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 "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
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:
Name of New Registered Agent: New Registered Office Address: 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.

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 Address 21 HSV -5 PH 4: 08 Type of Action Title Name Louis D. Robinson 209 Shepperd St Continuat, F1 338 WAdd _____ □Remove ______ □Change ___ _ _ _ _ _ _ Add ____ Change □Remove □ Change □Remove _____ _ __ ___ ___ Change _____ □Remove

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(If an eff	tive date, if other than the date of filing: 7-27-2 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.)207 (3 d as th
he recor ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	the
	11-2-21	
Dated		
Dated	Signature of a member or authorized representative of a member	