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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	TRANSPORT LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rat	Ceal Goodwin Name of Person	
		EEB Transport L	LC
		2 West Sant Joesp Address	h Ave
		Pensicola, FL 3250 City/State and Zip Code 350 oodwin @ O oma. I. cood with a contraction of the contraction	<u> </u>
For further information co	E-mail address:		offication)
Amber He	r Person	at (<u>850</u>) <u>777 -</u> Area Code Daytin	10 9 6 ne Telephone Number
Enclosed is a check for th	e 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)
Mailing Address Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EÉB TRAN	SPORT LLC	· 	
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appears</u> Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000345</u> .u1	were filed on	1/29/31	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	ignation "LLC" or the a	bbreviation "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)			- P 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our rec	ords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	<u>-</u>		
New Registered Office Address:			
	Enter Floria	a 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rafeal Goodwin	1412 West Saint Joesph Ave	[IZAdd
		Pensacola, FL 32501	
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If an effective da Note: If the d	, if other than the date of filing:e is listed, the date must be specific and cannot be pute inserted in this block does not meet the applicative date on the Department of State's reco	plicable statutory filing requirer	(optional) days after filing.) Pursuant to 605.0207 nents. this date will not be listed as
rd is filed.	es a delayed effective date, but not an effectiv		,
Dated	3 - 3 - 2 202 Signature of a member or a	<u>? 1 </u>	
	Bleel 4	ondurin	