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T. MATTHEWS JAN 20 2022

COVER LETTER

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Tallahassee, FL 32314

TO:

TO: Registration Division of O	Section Corporations		
OLITE ALL OTH	ANSPORTATION LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Gina PREDELUS		
		Name of Person	
	BYGTRANSPORTATION	N	
		Firm/Company	
	321 N72 Ter		
		Address	
	HOLLYWOOD / FL / 330	24	
	bygtransportationllc@gmai		
For further informatio	n concerning this matter, please c	to be used for future annual report not: all:	fication)
Gina PREDELUS	<i>D</i> 7.	706 351 9904	
Nam	ne of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	or 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)
Mailing Add		Street Address:	ction
	Corporations	Registration Sec Division of Cor	
P.O. Box 6		The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BYGTRANSPORTATION

22 311 12 77 3: 36

(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 08/13/2021	and assigned
Florida document number L21000364008		
This amendment is submitted to amend the following:		
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	ity 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 a agent and/or the new registered office address here:	nddress on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	address
		. Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I haralw accent the appointment as registered agent and age	ee to act in this canacit	a I further garee to comply with th

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
AR	Jean Lesly SYLVAIN	295 NW 106 ST MIAMI FL 33150	
			□Remove
			□Change
AR	Dieuseul PREDELUS	321 N72 Ter Hollywood FL 33024	□Add
			■Remove
			□ Change
			□ Add
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Signature of a member or authorized representative of a member					
<i>y</i>	ted January 3	. 2022			
			a representative of a memb	er	

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