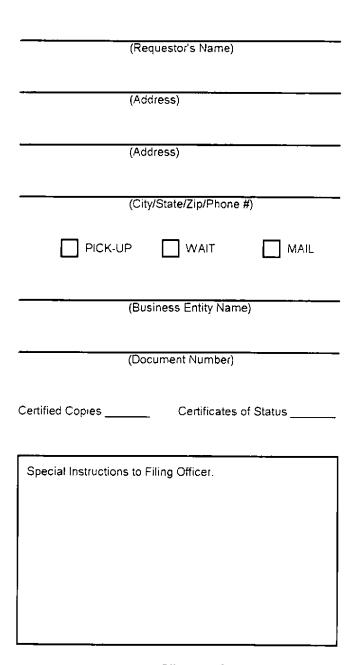
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COVER LETTER

	Registration Sec Division of Corp			
0.10.10.22		TRANSPORT SERVICES LI	.C	
SUBJEC	Г:	Name of Limi		
The enclo	sed Articles of	Amendment and fec(s) are sub-	nitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		MELISSA LAMENZA		_
			Name of Person	
		LAMENZA TRANSPORT	SERVICES LLC	
		Firm/Company		
		1920 NORTH ST		
			Address	
		LONGWOOD, FL 32750		
			City/State and Zip Code	
		LAMENZATRANSPORT@		
		E-mail address: (to be used for future annual report noti	fication)
For furthe	er information c	oncerning this matter, please ca	ill:	
MELISSA LAMENZA		321 356-8087		
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 Addres Registration 9 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAMENZA TRANSPORT SERVICES LD		
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 8/17/2021	and assigned
Florida document number L21000368325		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
LAMENZA BUSINESS & TAX SERVICES LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET <u>ADD</u>	ORESS)	
		2024
		-11 ""
Enter new mailing address, if applicable:		EB .
Muiling address MAY BE A POST OFFICE BOX)		<u> </u>
maining address SIAT BE 3 TOST OF FICE BOX)		
		
3. If amending the registered agent and/or register	ad affice address an our records	anter the name of the new registe
gent and/or the new registered affice address here:	:	enter the name of the new registo
Name of New Registered Agent:		
	· ·	
New Registered Office Address:	Enter Florida street	address
	120X/ \$ 107 MW 37 XX	
	City	, Florida Zip Code
	$\epsilon n_{\rm i}$	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	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			☐ Change
			□Remove
		- hip	□Add
			□ Remove
			□ Change
			□Add
			Remove
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	·		□Add
			Remove
			□ Change
			□Add
			Remove
			Change

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	<u>. </u>	
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fan effectiv <mark>Note:</mark> If t	date, if other than the date of filing:	605.0207 listed as
record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter the
Dated	2/27/24	
	Signature of a member or authorized representative of a member	-