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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : 120120000052 Phone : (305)591-9180 Fax Number : (305)591-9167

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please ** _____

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE TRANSPORTATION TEAM LL	С	
(Name of the Limited I	Liability Company as it now appears on our rec Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabi	lity Company were filed on 09/16/2021	and assigned
Florida document number L21000410305	 '	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	1414
(Principal office address MUST BE A STREET A	ADDRESS)	.,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		<u> </u>
		2 -
B. If amending the registered agent and/or regi		ter the name of the new registered
ngent and/or the new registered office address h	<u>lere</u> :	
Name of New Registered Agent:		<u> မွှ</u>
New Registered Office Address:		*1
	Enter Florida street ado	dress
		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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARIA QUINTERO	P.O. BOX 836794	□Add
		MIAMI, FL 33283	= Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			Add
			□Remove
		 	
			□Add
			□Remove
			Change
			□Remove
			Change

If amending any other information	in, that change(s) here.	()Theorem and the second	, , , ,
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		<u> </u>	
Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	ate of filing: e specific and cannot be prior to k does not meet the applicab artment of State's records.	date of filing or more than 90 le statutory filing requirem	(optional) days after filing.) Pursuant to 605.0207 ionts, this date will not be listed as
he record specifies a delayed effective of ord is filed.	late, but not an effective time	e, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
SEPTEMBER 20 Dated	2024	,	
	62±		
Si	gnature of a member or authori	zed representative of a member	er