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JEA TALLAHASSEE FLORIDA

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RECT TO

COVER LETTER

TO:

Registration Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

AROB	TRANSPORT LLC						
SUBJECT:	Name of Lim	ited Liability Company					
	of Amendment and fee(s) are sub condence concerning this matter						
	ARIAN R. OTERO BENI	TEZ					
Name of Person							
	AROB TRANSPORT LLO	C					
Firm/Company							
3360 PERENNIAL LN Address							
		Address	ress and Zip Code utture annual report notification) 7 490-9581 Is a Code Daytime Telephone Number Filing Fee & S60.00 Filing Fee, ed Copy Certificate of Starus & Certified Copy (additional copy is enclosed) Street Address:				
	KISSIMMEE, FL 34746						
		City/State and Zip Code					
	ARIANOTERO10@GMAI						
	E-mail address: (to be used for future annual report notificat	ion)				
For further information	concerning this matter, please c	all:					
ARIAN R. OTERO BENITEZ		407 490-9581 at ()					
Name of Person		Area Code Daytime Te	lephone Number				
Enclosed is a check for	the following amount:						
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy				
Mailing Addr Registration		Street Address: Registration Section	on				

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 ROY -2 PH 2: 17

A R O B TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/17/2021}{1}$ and assigned Florida document number L21000411884 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AROB TRANSPORT LLC 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 _, Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
		<u> </u>	□Add
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ctive date, if other than t effective date is listed, the date r e: If the date inserted in this iment's effective date on the	block does not meet the	applicable statut	filing or more than 90 tory filing requiren	(optional) days after filing.) Purs nents, this date will r	uant to 605.020 not be listed a
ord specifies a delayed effec filed.	tive date, but not an effec	ctive time, at 12:	01 a.m. on the earl	lier of: (b) The 90th	n day after the
October 28,	2021				
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Filing Fee: \$25.00