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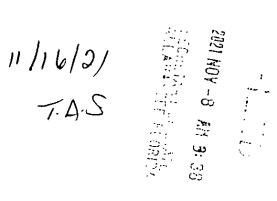
(Red	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

то:	Registration Se Division of Cor			
ento icz	Felix Carri	ers 1.LC.		
SUBJEC	ω1: <u></u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	cturn all correspo	ondence concerning this matter	to the following:	
		Andy Pena		
			Name of Person	
		Felix Carriers LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		910 W, 3rd Avenue # 6		
			Address	
		Hialeah, FL. 33010		
			City/State and Zip Code	<u> </u>
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information o	concerning this matter, please c	all:	
Andy Po	ena		786 707-8777 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for t	he following amount:		
■ \$ 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration	Section .	Street Address: Registration Sec	
	Division of C	Corporations	Division of Corr	porations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Felix Carriers LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on September 30, 2021	and assigned
Florida document number L21000430653		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or th	e abbreviation "L.IC."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
		22
Enter new mailing address, if applicable:	N/A	22 KO
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		3 3 ;
3. If amending the registered agent and/or registered of	fice address on our records, enter the n	ame of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida 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, 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>	Address	Type of Action
MGR	Felix E. Pena	910 W. 3rd Avenue # 6	
		Hialeah, FL. 33010	□Remove
			Change
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fective date, if other than the one effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to date of filir ck does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605,02 ry filing requirements, this date will not be listed
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:01	t a.m. on the earlier of: (b) The 90th day after the
November 4th,	2021	
	Andy Pena Signature of a member or authorized represe	
	signature of a member or authorized represe	entative of a member
	·	

Filing Fee: \$25.00