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(Ře	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
<u></u>	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. HORNE APR 1 3 2022	<u>.</u>
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2022 MAR 30 AM II: II

SECRETARY OF STATE
TALLAHASSEF OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
S	ionless Tran	remote 110	
SUBJECT:		ited Liability Company	
		i i a mu	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lina Alexa	inder	_
		Name of Person	
	Scamless	Transports LLC	
	595 Cle	MONT AVE S	
	orange Pa	City/State and Zip Code	
			^
	E-mail address: (to be used for filture annual report notifie	cation)
For further information c	oncerning this matter, please ca	all:	
Lina Alex	ander	at (904) 502 -	3592 Telephone Number
name o	i rerson	Area Code Daytine	retephone ivaniber
Enclosed is a check for the	he following amount:		
□ \$25.00 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 Address		Street Address: Registration Sect	tion
Registration S Division of C		Division of Corp	
P.O. Box 632		The Centre of Ta	illahassee
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Seamless</u> to	CONSIDERS LLC
(<u>Name of the Limited</u> (/	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Lial	pility Company were filed on 10 128 121 55 and ssigned
	√ ~ ∪
Florida document number <u>L21000468</u>	
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
Board Divisal III	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	0X)
R If amending the registered agent and/or reg	gistered office address on our records, enter the name of the new registered
agent and/or the new registered office address	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
Name of New Registered Agent.	
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

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

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
the recore cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	March 23 ^{nl} , 2022.
6	Signature of a member or authorized representative of a member
	Typed or printed name of signee