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## **COVER LETTER.**

TO: Registration of Division of	on Section f Corporations					
CUBIFCT.	LOYTASH TR	LANSPORT LLC				
SUBJECT:	<u>-</u>	Name of Limited Liability Company				
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing				
	respondence concerning this matter	-				
	<u> MIRKHAY</u>	DAR MIRJAMILOV	· - <del></del>			
	•	Name of Person				
	LOYTASH	TRANSPORT LLC				
		Firm/Company				
	13575 58 t	th STREET NORTH	, STE. 290			
		Address				
	CLEARWATE	ER, FL 33760  City/State and Zip Code  HO OUTCOK, COM	2022 KOV SECRET TALL/			
	^	City/State and Zip Code	-9 -9			
	loyras	He wittook, com				
	E-mail address: (	to be used for future annual report notificati				
For further informat	ion concerning this matter, please co	all:	2: 38 5			
MIRKHAYDA	R MIRJAMILOV	at (727) 410 -	8771			
N:	ame of Person	Area Code Daytime Tel	cphone Number			
Enclosed is a check	for the following amount:					
\$25.00 Filing F	ce S30.00 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)			
<u>Mailing Ao</u> Registrat	ddress: ion Section	Street Address: Registration Section	n			
_	of Corporations	Division of Corpora				
P.O. Box		The Centre of Talla				
Tallahass	see, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOYTASH -	TRANSPORT LLC
(Name of the Limited Li (A F	ability Company as it now appears on our records.) londa Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on $11/05/2021$ and assigned $345$
This amendment is submitted to amend the followin	g:
A. If amending name, enter the new name of the	limited liability company here:
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	25 Z 11
(Principal office address MUST BE A STREET A)	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida
	City Zip Code
No. Designation of Assessing Company of Shanging Degic	stomad & gamts

## 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> Mirkhaydar	Address 13575 587H ST. N, STE 290 CHEARWATER, FL 33760	Type of Action
AMBR_	MIRJAMILOV	CHEGRWATER, Fd 33760	□Add
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record spring is filed.	pecifies a delayed eff	ective date, but n	ot an effective	ime, at 12:01 a	m. on the earlier	of: (b) The 90th	day afte	r the
ated	October,	30	. 202	2				
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Filing Fee: \$25.00