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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

FB TRASS	SPORT SERVICES LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Frank Julio Bigay				
	Name of Person				
	Name of Person FB Transport Services LLC Firm/Company 210 Majors Ln, Apt D Address Kissimmee, FI. 34743 City/State and Zip Code frankbigay500@gmail.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (
	-	Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	210 Majors Ln. Apt D				
		Address			
	Kissimmee, FL 34743				
		City/State and Zip Code			
		•	ication)		
For further information c	oncerning this matter, please c	all:			
Frank Bigay		978 305-0072			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Addres Registration 5		Street Address: Registration Sec	tion		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FB Trasnsport Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/09/2021}{1}$ _____ and assigned Florida document number <u>L21000483450</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FB Transport Services 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.

City

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
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Filing Fee: \$25.00