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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor				
SUBJECT: Int	rans Carao Li	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	2222 Ponce	Acosta Gutierr Name of Person Firm/Company de Leon Blud 3 Address City/State and Zip Code 1 C 2021 @ gmail. Colo be used for future arinual report notifi	ord Floor	2022 HAY 10 MH 10: 57
For further information c	concerning this matter, please co			
Luis Acc	OS-1-Q of Person		CUO Telephone Number	
Enclosed 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)	Certified (of Status &
Mailing Address Registration 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

Intrans Corgo	II.C	
(Name of the Limited Liab	ility Company as it now appears on our records.)	
(A Flori	da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L</u> 21000435468	Company were filed onit/10 2021	and assigned
This amendment is submitted to amend the following:		15.
A. If amending name, enter the new name of the line Intrus Carao LiC. The new name must be distinguishable and contain the words "Li		the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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 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>	<u>Address</u>	Type of Action
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			□Remove
			Change
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an effectiv	ve date is listed, the o he date inserted in	tale must be specific	c and cannot be pr	ior to date of filing	, or more than 90 d	ays after filing.) Pur	
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	ecifies a delayed o	effective date, but	not an effective	e time, at 12:01 a	a.m. on the earlic	er of: (b) The 90	th day after the
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Filing Fee: \$25.00