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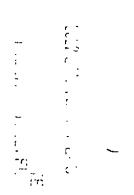
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COVER LETTER

Registration Section

Division of Corporations

TO:

eun wet.	PEREZ CENTELLES	TRANSPORT CARGO LLC	
SUBJECT:	Name of Lim	ited Liability Company	 _
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	REYNIER PEREZ CENTI	ELLES	
		Name of Person	
	PEREZ CENTELLES TRA	ANSPORT CARGO LLC	
		Firm/Company	
	7010 N HALE AVE		
		Address	
	TAMPA, FL 33614		
		City/State and Zip Code	
	DAISYGROVAS@GMAII	COM	
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
DAISY GROVAS		786 210-0889	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 9	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	-
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ENTELLES TRANSPO			
(Name of the Lim	ited Liability Company a	as it now appears on our records.) ility Company)	· · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited I	Liability Company we	re filed on DECEMBER 06, 2021	and assigned	
Florida document number L21000513647	, , ,			
Torral document married	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability	y company here:		
The new name must be distinguishable and contain the	words "Limited Liability (Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE.	ET ADDRESS)			
	_			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE	E BOX)			
-				
	-			
B. If amending the registered agent and/or	ranistared office add	rose on our records onter the nar	na of the new register	
agent and/or the new registered office addre		ress on our records, enter the han	ne of the new register	
	<u></u>			
Name of New Registered Agent:	REYNIER PEREZ	CENTELLES		
New Registered Office Address:	7010 N HALE AVE			
	Enter Florida street address			
	TAMPA	, Florida 33	3614	
	· · ·	City	Zin 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 remoyed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	REYNIEL PEREZ CENTELLES	7010 N HALE AVE	□Add
		TAMPA, FL 33614	■Remove
			(DChange
AMBR	REYNIER PEREZ CENTELLES	7010 N HALE AVE	= Add
		TAMPA, FL 33614	□Remove
		-	□Change
			🗀 Add
		,	□Remove
			□Change
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in effective date is listed, the oter. If the date inserted inserted inserted in the oter.	than the date of filing the date must be specific and d in this block does not do not the Department of	nd cannot be prior to meet the applicat	o date of filing or more t		
ecord specifies a delayons filed.	ed effective date, but no	ot an effective tin	ne, at 12:01 a.m. on th	ne earlier of: (b) The	e 90th day after the
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JANUARY 3rd		Jest /	<u>/</u>		
ited	Signature of	member or author	ked representative of a	member	

Filing Fee: \$25.00