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(Ci	(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) tified Copies Certificates of Status Decial Instructions to Filing Officer: J. HORNE JUN 2 2 2022	
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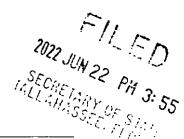
Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: A	BL Champ	ion Jaxi Le ted Liability Company	<u> </u>	
The enclosed Articles of	ABC Champion Taxi LLC Name of Emitted Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following:			
Please return all correspo	ndence concerning this matter (o the following:		
	ABC Champion Taxi LLC Firm/Company 5058 Box woold of Tallahassee Address Tallahasse FL, 32303 City/State and Zip Code LDESSAT (A) YAHOO.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Max. M MASSET at (450 1159 - 406 1100			
	5058 5	BOXWOOL Ch.	allAHessoe FL3	
	E-mail address: (1	e SSa T(a) Ya Ho o be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	ail:		
Ma	s, m MASSET	$\frac{1}{1}$ at (450) $\nu 50$	7-9061	
Name o	r Person	re submitted for filing. natter to the following: Marine of Person Marine of Person		
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy	
Registration	Section	Registration Sec		
P.O. Box 632	27	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company were filed on <u>Se 13</u> Florida document number ___ L 2 2 0 0 0 0 6 2 0 8 7 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ABC CHampion Transportation 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:

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.

Cuv

Enter Florida street address

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 = N AMBR = A	Ianager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Ci Add
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n effect <u>(te:</u> If	date, if other than the date of filing:	.0207 ed as
ecord s is tiled	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after a contract of the specifies and the earlier of the specifies and the specifies are the earlier of	r the
ited	June 22 2022	
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	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00