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| (Re                     | equestor's Name)   |             |
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| PICK-UP                 | WAIT               | MAIL        |
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| (= 1                    | <b>-</b>           | ,           |
| (Do                     | cument Number)     |             |
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| Certified Copies        | Certificates       | of Status   |
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| Special Instructions to | Filing Officer:    |             |
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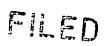
A. BUTLER APR 05 2022

## **COVER LETTER**

| TO: Registration Se<br>Division of Co |   |   |  |  |  |
|---------------------------------------|---|---|--|--|--|
| our room '                            | O.T.H. Transportation, LL                       | c   |  |  |  |
| SUBJECT:                              | Name of Lin                                     | nited Liability Company   | <del></del>  |  |  |
| The enclosed Articles of              | `Amendment and fee(s) are sub                   | omitted for filing.   |  |  |  |
| Please return all correspondent       | ondence concerning this matter                  | to the following:   |  |  |  |
|                                       | Lois N. Hill                                    |   |  |  |  |
|                                       |   | Name of Person  | · · · · · · · · · · · · · · · · · · ·                      |  |  |
|                                       | O.T.H. Transportation, LI                       | LC  |  |  |  |
|                                       |   | Firm/Company  |  |  |  |
|                                       | 4630 S. Kirkman Roa                             | d #276  |  |  |  |
|                                       |   | Address   |  |  |  |
|                                       | Orlando, Florida 32                             | 2811  |  |  |  |
|                                       |   | City/State and Zip Code   | ·  |  |  |
|                                       | OTHTRANS@Yahoo.com                              |   |  |  |  |
|                                       |   | to be used for future annual report no                              | tilication)  |  |  |
| For further information of            | concerning this matter, please c                | ali:  |  |  |  |
| Lois N. Hill                          |   | 407 223-6231  |  |  |  |
| Name o                                | of Person                                       | Area Code Dayti   | me Telephone Number  |  |  |
| Enclosed is a check for t             | he following amount:                            |   |  |  |  |
| □ \$25.00 Filing Fee                  | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) |  |  |  |
| Mailing Addre<br>Registration         |   | Street Address:<br>Registration S                                   | ection   |  |  |
| Division of Corporations              |   | Division of Co  | Division of Corporations                                   |  |  |
| P.O. Box 632<br>Tallahassee,          |   |   | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



O.T.H. Transportation, LLC

2022 MAR 21 AH 10: 24

| ( <u>Name of the Limited Liat</u><br>(A Flor   | rida Limited I | ny as it now appea<br>Liability Company) | rs on out records)48<br>TALLAHA | OF STATE                |
|--|----------------|--|---------------------------------|-------------------------|
| The Articles of Organization for this Limited Liability Florida document number                        |                |  | February 22, 2022               |                         |
| This amendment is submitted to amend the following:  | :              |  |                                 |                         |
| A. If amending name, enter the new name of the li  | mited liab     | ility company h                          | <u>ere</u> :                    |                         |
| The new name must be distinguishable and contain the words "L  | imited Liabi   | lity Company," the o                     | lesignation "LLC" or the        | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |                | 4630 S. Kirkman Roas #276                |                                 |                         |
| (Principal office address MUST BE A STREET AD  | DRESS)         | Orlando, Florid                          | a 32811                         |                         |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                |                | 4630 S. Kirkma                           | an Road # 276                   |                         |
|  |                | Orlando, Florid                          | a 32811                         |                         |
| B. If amending the registered agent and/or registe agent and/or the new registered office address here |                | address on our r                         | ecords, <u>enter the n</u>      | ame of the new regist   |
| Name of New Registered Agent:  | Lois N. Hill   |  |                                 |                         |
| New Registered Office Address:   | 630 S. Kirki   | man Road # 276                           | rida street address             | -,·                     |
|  | Orlando        |  | , Florida                       | 32811                   |
| <del></del>  |                | City <sup>,</sup>                        | , 101144                        | 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.

- Kown Hill

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

| Title       | <u>Name</u> | Address                   | Type of Action |
|-------------|-------------|---------------------------|----------------|
| MGR         | IRA Hill    | 5578 Metrowest Blvd # 309 |                |
|             |             | Orlando, Florida 32811    | □Remove        |
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| fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block current's effective date on the Department. | e specific and cannot be price k does not meet the appli | icable statutory fi                   | r more than 90 days after | cional)<br>er filing.) Pursuant to 60<br>his date will not be lis | 5.0207<br>ted as |
| ecord specifies a delayed effective dis filed.   | late, but not an effective                               | time, at 12:01 a.r                    | n. on the earlier of: (   | b) The 90th day after   | er the           |
| March 18   | 2022   | . 1                                   | 1 2                       |   |                  |
|  | ,,   |                                       | 1):6                      |   |                  |
|  |  | le p                                  | 20                        |   |                  |
| Sig  | gnature of a member or aut                               |                                       | U                         |   |                  |

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