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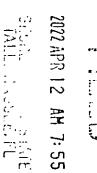
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Cf 5/15/2022

## **COVER LETTER**

PRETATION LLC  Name of Limited Liability Company  ent and fee(s) are submitted for filing.  Incerning this matter to the following:  US NATHANAEL.  Name of Person  NATE TRANPORTATION LLC  Firm/Company  NW 9TH AVE APT 20-1F  Address  EFIELD BEACH / FLORIDA / 33064  City/State and Zip Code  ANAELCERIUSS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  this matter, please call:  2256565  at (
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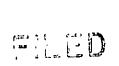
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EVANATE TRANPORTATION LLC

2022 APR 12 AM 7:55

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company) STATE		
The Articles of Organization for this Limited Liability Company			
forida document number 1.22000098639			
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	pility company here:		
EVANATE TRANSPORTATION LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Inter new principal offices address, if applicable:	4384 NW 9TH AVE APT 20-1F		
Principal office address MUST BE A STREET ADDRESS)	DEERFIELD BEACH, FL 33064		
Enter new mailing address, if applicable:	4383 NW 9TH AVE APT 20-1F		
Mailing address MAY BE A POST OFFICE BOX)	DEERFIELD BEACH, FL 33064		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regis		
Name of New Registered Agent:  New Registered Office Address:	Victor Elevido strent 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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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record specifies a delayous filed.	d effective date, but i	not an effective	time, at 12:01 a.	m. on the earlier of	of: (b) The 90th d	lay after the
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	Signature o	f a member or aut	horized representa	ative of a member		