Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROAD TRAFFIC DIVISION LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Road traffic division LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp.		and assigned
Florida document number L22000101011		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability 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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	ia
	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 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>	Address	Type of Action
AMBR	Javier Rivera	7901 4th St N STE 300	Xî Add
		St. Petersburg, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□Change
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Note: If	e date, if other than the tive date is listed, the date must the date inserted in this blacks on the D	ock does not meet the	applicable statutory fi	(optional more than 90 days after filin ling requirements, this dat	l) g.) Pursuant to 605.0207 (3 e will not be fisted as th
he record s ord is filed	specifies a delayed effectiv l.	re date, but not an effec	ctive time, at 12:01 a.r	n, on the earlier of: (b) T	he 90th day after the
Dated S	eptember 22	. 202			
		R:h	or authorized representat		

Filing Fee: \$25.00