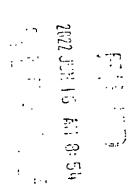
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(Req	uestor's Name)	
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COVER LETTER

Registration Section

Tallahassee, FL 32314

Ю:

Division of Cor	porations			
RIFCT. 407 to	ancher totion LLC		<u>.</u>	
0000001	Name of Limi	ted Liability Company		
he enclosed Articles of .	Amendment and fee(s) are sub	nitted for filing.		
	ndence concerning this matter t			
	George Rebolo	Name of Person	·	
	407 transportati	orn LLC Firm/Company		
	11862 Fiction Ave	Address		
	Orlando, F1 32832	City/State and Zip Code		
	407 11c @gmail.com E-mail address: 11	n to be used for future annual report notif	ication)	
or further information c	oncerning this matter, please ca	nii:	202	
George Rebolo		al (407_) 680-698	5	7
Name o	f Person	Area Code Daytimo	2722 July 2722 J	• • • • • • • • • • • • • • • • • • •
inclosed is a check for the	he following amount:		် မိုး တွင်း မောင်း	الرورية الرورية
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Continue Certificate of Status & Certified Copy (additional copy is enclosed)	
		Camina Addingini		
Mailing Address Registration		<u>Street Address:</u> Registration Sec	ction	
Division of C	Corporations	Division of Cor The Centre of T	•	
P.O. Box 631	<u> </u>	THE CERTIC OF T	arranassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

407 transportation LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(7) 1 (8) (6	at immed manning company,	0
The Articles of Organization for this Limited Liability (Company were filed on Feb. 28	and assigned of
Florida document number <u>L 22 000 1 01 653</u>		• . •
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our records,	enter the name of the new register
agent and/or the new registered office address here:	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Register	·	·
I hereby accept the appointment as registered agen		y. I further agree to comply with t
provisions of all statutes relative to the proper and	complete performance of my dut	ies, and Lam Jamiliar with and 🥏
accept the obligations of my position as registered	ageni as proviaea jor in Chapier	ing, i.s. (n. ij inis accument 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

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

IGR = Manager

MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
<u>46R</u>	Antonio F. Rebolo Jr.	11862 Fiction Aug Orlands, F1 32832	I√Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
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			🗀 Add
			Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing:
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	Signature of a member or authorized representative of a member
	George Rebolo Typed or printed name of signce