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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: L7 Transportation LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LONZO A Sauare Jr.
L7 Transportation LLC Firm/Company
3224 Water Hickory Dr.
Jacksonville, FL 32224 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (404) 803 - 4052 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) S50.00 Filing Fee Scriffied Copy (additional copy is enclosed) S60.00 Filing Fee Scriffied Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

2022 SEP 12 AM II: 43
SECRETARE LEVEL |

L7 Transportatio	nllc	
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our record rida Limited Liability Company)	<u>k.</u>)
The Articles of Organization for this Limited Liability Florida document number LWODD105118	y Company were filed on 03 01 20	and assigned
This amendment is submitted to amend the following	Ç.	
A. If amending name, enter the new name of the LAWN (The new name must be distinguishable and contain the words "	Lare & Maintanancel	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	-
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	is
		orida
	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>	Name	Address	Type of Action
			□Add
			Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			🗆 Add
			Remove
			□Change

l'an ef Note:	tive date, if other than the date of filing: 09 08 202 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
record is fi	rd 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	09/08/2022
	- Le a Le
	Signature of a member or authorized representative of a member