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R. HUNT

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT:	AND E TRAK	ISPORTATION LE	LC	
· · · - · · ·	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Christopi	Name of Person		
	CANDE	TRANSPURTATIUN Firm/Company	1 LLC	
	1590 Mec	adows Pond Dr. Address		
	Barton F	7. 33830 City/State and Zip Code	PIS PH 4:5	
	E-mail address: (1	22405@ijes.co.Con1 to be used for future annual report noti	fication) FIRE 57	
For further information e	oncerning this matter, please co	ail:		
Christophe Name o	F S Junes	at (<u>202</u>) <u>\$55-0</u> Area Code Daytim	9786 e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Statu Certified Copy (additional copy is enclo	
Mailing Addres		<u>Street Address:</u> Registration Se	ction	
Registration S Division of C		Division of Cor		
P.O. Box 632	-	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	THTIUIU LCC (Appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any hores
XPLORE TRANSPORTATION (CC) The new name must be distinguishable and contain the words "Limited Liability Company,	
Enter new principal of	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	122:
(Principal office address MUST BE A STREET ADDRESS)	5 th
	53.00
	To be a second of the second o
Enter new mailing address, if applicable:	ومعسل المرابا
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on cagent and/or the new registered office address here:	our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r Florida street address
	Florido
City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agents	· F -55-25

gent'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 Changing Registered Agent, Signature of New Registered Agent

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
<u>ÉFÜ</u>	Eric Washington	1590 Illeadows Pand Dr Bartow +1. 33830	□Add
ריניייון		Bartow +1. 33830	MRemove
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