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A. BUTLER NOV - 1 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Tr	Name of Limit	nsportation ited Liability Company	11c
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Diana	R Abeu Name of Person	
	Direct f	Permits & Mor	-e
	16350 SU	D 112 ave	
	Miam:	Fl 33157	
	d. IVectbi E-mail address: (1	FI 33157 City/State and Zip Code 11090100800 o be used for future annual report notifical	ng, 1. Com
For further information cor	ncerning this matter, please ca		
Name of F	Abreu	at (786) 325- Area Code Daytime Te	4407 Elephone Number
Enclosed is a check for the	following amount:		
\$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, Certificate of Status & Certified 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

FileD

Ingmso Transport (Name of the Limited Liability Compa (A Florida Limited I		- 544 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5
The Articles of Organization for this Limited Liability Company	were filed on 3/10	and assigned
Florida document number <u>L22000122632</u> .		· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	77	a
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nla	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	, enter the name of the new registered
Name of New Registered Agent:	nla	
New Registered Office Address:	Enter Florida stred	et address
		, Florida
	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
mgr_	sucely Yaneth Osorio ortiz	4620 Doig Ln Las Vegas, NY 89110-5405	XAdd
			Remove
			□Change
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	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
<u></u>	
<u>. —</u>	
(If an effective Note: If the	date, if other than the date of filing:
the record specord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	August 8th, 2022 () Comani May Duen
	Signature of a member or authorized representative of a member ()
	OSmani Perez Digz Typed or printed name of signee

Filing Fee: \$25.00