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COVER LETTER

TO:

Registration Section **Division of Corporations**

L&M SOUTH FLORIDA TRANSPORT LLC SUBJECT: 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: Leiniel Regueiras Moreno Name of Person L&M SOUTH FLORIDA TRANSPORT LLC Firm/Company 9742 SW 165th ST Address Miami Fl. 33157 City/State and Zip Code lmtransport2022@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leiniel Regueiras Moreno Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION ED

OF

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L&M SOUTH FLORIDA TRANSPORT LLC

LORIDA TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Co	ompany were fil	ed on 03/14/20	022	and assigned
Florida document number L22000128717				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability con	npany here:		
The new name must be distinguishable and contain the words "Limito	ted Liability Comp	any," the designa	ntion "LLC" or the	abbreviation "L,L,C,"
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered (office address	OR AUF POPARI	le antor the nav	
agent and/or the new registered office address here:	office address	on our record	is, enter the har	ne of the new registere
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida str	vet address	
			, Florida	
	City			Zip Code
New Registered Agent's Signature, if changing Registered a	Agent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and consecutive to the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete perform ent as provided	ance of my d For in Chapt	uties, and Lam er 605, F.S. Or	familiar with and tif this document is
-				

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
AMBR	Madiley Llerena Sanchez	9742 SW 165th St	□ Add
		Miami Fl, 33157	
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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Effective	e date, if other than the date of filing:
If an effect	e date, if other than the date of filing:
: 10 CC . 11	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
	•
e record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
rd is filed	
1	2/22
Dated	ne 23
	\mathcal{V}
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00