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COVER LETTER

Division of Cor				
SUBJECT: <u>BM</u>	O LA Visi	t IKANSPORT	ation, 1/C	
	Name of Limit	ed Liability Company	.,	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	ndence concerning this matter to	o the following:		
	Anis J	ćan		
	$\frac{1}{\sqrt{1}}$	Name of Person		
		like		
		Firm/Company		22
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For further information co	oncerning this matter, please cal	II:		
Ans Name of	JEW) Person	at (56) 317 - Area Code Daytin	7709 ne Telephone Number	-
	C.II.			
Enclosed is a check for th \$\mathbb{g}\$. \$25.00 Filing Fee	e following amount: ☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	S60.00 Filing Fe	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy tadditional copy is	
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Sc	ection	
Division of Co		Division of Co		

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

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L22txx136565</u> .			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	on "LLC" or the abbrev	·-·
Enter new principal offices address, if applicable:			22 S
(Principal office address MUST BE A STREET ADDRESS)			
			<u> </u>
			AH IO:
Enter new mailing address, if applicable:			<u>・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・</u>
(Mailing address MAY BE A POST OFFICE BOX)			
			-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	, enter the name o	f the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
		Florida	Zip Code
	City	•	zsp Coae
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my du rovided for in Chapte	aies, and I am fam r 605, F.S. Or, if t	iliar with and his document is

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>	Name	Address C. A.	Type of Action
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