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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Business Entry Romey
(Document Number)
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COVER LETTER

TO: Registration Section ision of Cornorations n:

Division of Co	
•. SUBJECT:	USBR Transportation LLC
	Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	Mauricio Jacinto Pascoal
	Acoo
	Firm/Company
	8836 Lighthouse Landing Court, Apt 101
	Address
	Tampa - FL - 33615
	City/State and Zip Code
	usbrgeneralservices@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Mauricio J	lacinto Pascoal

Name of Person

Daytime Telephone Number Area Code

Enclosed is a check for the following amount:

C \$25.00 Filing Fee

🔀 \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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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

USBR Transportation LLC

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

The Articles of Organization	for this Limited Liability Company were filed on	03/21/2022	and assigned
Florida document number	L22000138713		

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

USBR General Services LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florida street ad	Idress
	City	, Florida 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 Changing Registered Agent, Signature of New Registered Agent

..<u>.</u> m 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
			🖸 Add
			🗆 Remove
			🗆 Change
		·	🗆 Add
		,	□Change ~
			, , , , , , , , , , , , , , , , , , ,
			🗆 Remove
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			Change
			□ Add
			🗆 Remove
			□Change
			🗆 Add
			🗌 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ransport and Cleaning Business	
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If the record 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 record is filed. \uparrow

Dated TAMPA - FLORIDA . Oll 26/23
Signature of a member or authorized representative of a member
Mauricio Jacinto Pascoal
Typed or princed name of signee