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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Alcalde Transport LLC 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:
Diana Abreu Name of Person
Direct Peimits & More Firm/Company
16350 SW 112 ave
City/State and Zip Code direct billing of a gmail-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Di ang Abreu at (786) 325-4407 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certificate of Status}\$\$ \$\Bigcup \$\text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \$\Bigcup \$\text{S60.00 Filing Fee, 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

2022 HAY 25 PH 3: 22

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Alcalde Trans	SPORT IN SECURITION SECURITION OF STATE
(Name of the Limited Liability Company (A Florida Limited Lia	SECIENT STATE V as it now appears on our record ALLAHASSEE, FL ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L22000164383</u>	vere filed on 4/6/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
	~ 14
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	na
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	71 a
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	lauress on our records, enter the name of the new jugarant
Name of New Registered Agent:	nla
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agraphy provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	n La

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
Mgr.	Darilis Aleman Lopez	8160 Stone View drive	
		Тамра, F1 33647	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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or at the total	- 41 41 1-4 C.C	 ,		/ ^ ·	.1.	
Effective date, if other is an effective date is listed, Note: If the date insert document's effective date.	the date must be specific ed in this block does n	c and cannot be prior not meet the applica	able statutory filing i		ng.) Pursuant to 605.0	
record specifies a delard is filed.	yed effective date, but	: not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
Dated <u>Ha</u>	y 19th					
	Signature :		orized representative of	a member		
	1	uis Al	ملاء			

Filing Fee: \$25.00