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SECRETARY DE STATE

COVER LETTER

Division of Co		•	
SUBJECT:	MOW Trans	POIT LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Aaron	Malloy Name of Person	
		Transport LLC Firm/Company	
		90 Or Address	
	<u>Sanford</u>	FL 32773 City/State and Zip Code	
	E-mail address: (ransports @ 9 mail. Co to be used for future annual report noti	m fication)
	concerning this matter, please c		
- Aaron Name	of Person	at (<u>407</u>) <u>718 ~ 14</u> Area Code Daytim	e Telephone Number JEC 2022 S
Enclosed is a check for t			EP-6
▼ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	Certificated Status & Certified Gopy (additional copy is electored)

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

MDW Transport	LLC
(Name of the Limited Liability Compa (A Florida Limited	i ny as it now appears on our records.) Diability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000 176544</u> .	were filed on April 12, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	III orange Dr
(Principal office address MUST BE A STREET ADDRESS)	Sanford FL 32773
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	III orange Or Sanford, FL 32773
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida City TALE AHAR AHAR SSEP AHAR AHA
New Registered Agent's Signature, if changing Registered Agent:	City ZipGode

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 addeor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mecca Malloy	4619 Drewet	□Add
		Lakeland, FL 33810	□Remove
			√Change
			□Add
			□Remove
			□Change
			□Add
			SECRE ALL
			SECRETARY OF STATE ALLAHASSEL FALE
			S S S Remove
			□Change
			□Add
		-	□Remove
		-	□Change
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f an effective date is listed, th Note: If the date inserted	ne date must be specific Lin this block does n	and cannot be prior of meet the applic	to date of filing or mor able statutory filing (e than 90 days afte requirements, th	r tiling.) Pursuar is date will not	n to 605.0207 (be listed as t
	on the Department			1		
document's effective date						
		not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) The 90th d	lay after the
record specifies a delaye	d effective date, but					
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