## L22000190144

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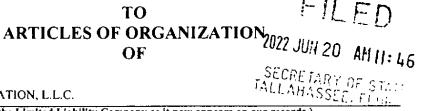
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011 <b>5</b> 100		LUBELLA TRANSPORTATION, L.L.C.				
SUBJEC	:I:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing			
Please ret	ium all correspo	ndence concerning this matter	to the following:			
		RALPH MARCHESE				
			Name of Person	<del></del>		
		LUBELLA TRANSPORT	ATION, L.L.C.			
			Firm/Company			
	3219 MANGROVE ISLAND DR.					
			Address	<del> </del>		
	ORLANDO, FLORIDA 32824					
			City/State and Zip Code			
		LUBELLATRANSPORTA				
		E-mail address: (	to be used for future annual report no	otification)		
For further	er information co	oncerning this matter, please c	all:			
RALPH I	MARCHESE		321 877-5041 at ()			
	Name of	f Person	Area Code Dayti	ime Telephone Number		
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		e following amount:	maccooru r	C)		
■ \$25.0	JU Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
1	Mailing Addres	<u>s:</u>	Street Address:			
	Registration S		Registration S			
	Division of C	•		Division of Corporations The Centre of Tallahassee		
	P.O. Box 632 Tallahassee, F			roe Street, Suite 810		
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO



LUBELLA TRANSPORTATION, L.L.C.

(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 05/01/2022	and assigned
Florida document number L22000190144		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	'LLC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	ddress on our records, <u>e</u> i	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, Florida
	Ciņ	ap Coae
New Registered Agent's Signature, if changing Registered Agent:		

## 1

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

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	ROXANA CORDERO QUINONE:	3219 MANGROVE ISLAND DR.	
		ORLANDO, FLORIDA 32824	≣Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
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ective date, if other than the d	ate of filing:	oc prior to date of fili	(o)	ptional) fter filing.) Pursuant to 605.02
e: If the date inserted in this bloc ument's effective date on the Dep	k does not meet the	applicable statutor		
ord specifies a delayed effective of filed.	late, but not an effec	ctive time, at 12:0	a.m. on the earlier of	(b) The 90th day after the
ed JUNE 20	, 2022	·		
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/ 104	guature of a member	or authorized represe	matire of a member	

Filing Fee: \$25.00