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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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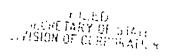
TO: Registration So Division of Co			
	NSPORTATION LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	HANY DAWOD		
		Name of Person	
		Firm/Company	<del></del>
	3224 EVENING BREEZE	LOOP	
		Address	
	WESLEY CHAPEL, FL 3	3544	
		City/State and Zip Code	
	info@mkbkservices.com		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
ESSAM KERAS		813 368-2872 at () Daytime	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
■ \$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)

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

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUN 30 AM 11: 17

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

(A Florida Limited Liability Company)

(A Florida Limited I	Liability Company)	<u>// us.</u> /	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number L22000196204		_	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<del></del>		
(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:	address on our records, <u>ent</u>	er the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	·		
	Enter Florida street address		
		FloridaZip Code	
New Registered Agent's Signature, if changing Registered Agent:	Cny	Zip Code	
I hereby accept the appointment as registered agent and agree			

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.

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11 amending Authorized rerson(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	<u>Address</u>	Type of Action
AMBR	HANY DAOWD	3224 EVENING BREEZE LOOP	□Add
		WESLEY CHAPLE, FL 33544	≣Remove
			□Change
AMBR	NERMEEN NEAMATALA	3224 EVENING BREEZE LOOP	<b>≘</b> Add
		WESLEY CHAPLE, FL 33544	□Remove
			Change
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<u>Note:</u> If the	date, if other than the date date is listed, the date must be ne date inserted in this block is effective date on the Depa	t does not meet the applica	to date of filing or more than 90 dable statutory filing requirement	_ (optional) ays after filing.) Pursuant tents, this date will not be	o 605.0207 e listed as
record sp d is filed.	ecifies a delayed effective d	ate, but not an effective til	ne, at 12:01 a.m. on the earlie	er of: (b) The 90th day	after the
Dated	29/2022	DocuSigned by:	<u> </u>		
		NERMEEN NE	-AMATAIA		
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	Sig		rized representative of a member	<del> </del>	_

Filing Fee: \$25.00