L22000205838

(Requestor's Name)
(Address)
(Address)
(13333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Ellity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FL

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	egistration Se ivision of Cor						
SUBJECT	, D&A.TRA	NSPORTATION SOLUTION: Name of Lim	SLLC				
30031.01	·						
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	rn all correspo	ondence concerning this matter	to the following:				
		HEIDY RODRIGUEZ					
			Name of Person	 _			
		UNION CARRIER SERV	ICES				
			Firm/Company				
		5643 NW 74 AVE					
			Address				
		MIAMI, FL 33166					
	City/State and Zip Code						
		UNIONCARRIERSERVIC	-				
_			to be used for future annual report no	tification)			
For further	information c	oncerning this matter, please co	all:				
HEIDY RO	DRIGUEZ		305 3921035 at ()				
	Name o	f Person	at () Area Code Daytii	ne Telephone Number			
Enclosed is	a check for th	ne 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)			
	ailing Addres egistration S		Street Address: Registration Se	ection			

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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 $5/2/2012$, and assigned Florida document number 22000205838
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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) [Principal office address MUST BE A STREET ADDRESS] [Street Address MUST BE A STREET ADDRESS]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Clermont FL 34714 8
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: LICHTY PETCT MOYOLS 7 4
New Registered Office Address: 1306 Raintree Bend Apt 308
Clevmon, Florida 34714
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.

N 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>	<u>Address</u>	Type of Action
AMBR	ALEXANDER ROCA SR	635 BLAKE AVE	□Add
		DAVENPORT, FL 33897	■ Remove
			☐ Change
AMBR	LIANNY PEREZ MORALES	1306 RAINTREE BEND APT 308	= Add
		CLERMONT, FL 34714	□Remove
		1306 RAINTREE BEND APT 308	≡ Change
AMBR	DONIEL RODRIGUEZ TOLEDO Sr	CLERMONT, FL 34714	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			
			□Remove
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If an effe <u>Note:</u> I	ve date, if other than the date of filing:	0207 d as
record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.	the
Dated _	September 14, 2022	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00

New AMBR & register agent.