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SECRETARY OF SAME
FALL AND ASSET FINE



COVER LETTER

TO: Registration Section Division of Corporations :
SUBJECT: ALVA Specialized Transportation 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:
William ALVANEZ Name of Person
ALVA SPECIALIZED TRANSPORTATION LL C Firm/Company 11526 ESTUARY INESERVE PR Address RUBUJEW FL 33569 City/State and Zip Code BILLALVAD & GMAIL COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
WICHAM AWAUEZ 11,813, 357 4488
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section Registration Section

Registration Section 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

FILED

ALVA SPECIALIZED TRANSPORTATIONSECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records.) FALL AHASSEE. FLUID
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{6/30/39}{1200021611}$ and assigned Florida document number $\frac{12200021611}{1200021611}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ALVA SPECIALIST TRANSPORTATION LLC.

The new name must be distinguishable and contain the words "Limited Liability 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 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: New Registered Office Address: Enter Florida street address

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.

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
MBAL	William Alwane	Z 11526 ESTUARY PLESONES	Dr.
		- TO SIST I	Remove
			□Change
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If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	effective date, if other than the date of filing: 5-6-22 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (11 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to insert of date on the Department of State's records.
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	William allow
	Signature of a member or authorized representative of a member
	William Alvacez Typed or printed name of signee
	Typed or printed name of signec

Filing Fee: \$25.00