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3. PRATHER

COVER LETTER

Division of Cor		s	•
SUBJECT: 6	bot-Transports	uc.	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Jessica</u> Ro Ber Dot	Name of Person TrainCoatt [] C	
	DEF NU	Firm/Company	
	u586 Atlan	Hic Ave #1185	
	Delray Beac	N FL 33446 City/State and Zip Code	·
	loads@loeedott	ranspuas com	
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
Jessica R	Oberson	<u>at (561)</u> 714-0	707
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for th	ne following amount:		
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00,Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	٠.	Street Address:	
Registration S	Section	Registration Sec	
Division of C	armarations	Division of Con	narationa

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bee Dot Trans	over 11/	2022 TÀLL
(Name of the Limited Lial (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	A JULIANA
The Articles of Organization for this Limited Liability Florida document number 88-2251232	y Company were filed on	and assigned O
This amendment is submitted to amend the following	:	02 1107
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable:	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	aZin Code

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>	Address	Type of Action
AMBR	Jahnee Williams	4782 N. Citation Dr 4205	MAdd
		Delvay Beach, FL 38445	□Remove
			□Change
			□Add
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ective date, if other n effective date is listed, to te: If the date inserted cument's effective date	he date must be spec I in this block doc	eific and cannot be press not meet the app	licable statutory fil		filing.) Pursuant to 605	
cord specifies a delayers filed.	ed effective date, t	but not an effective	e time, at 12:01 a.m	a, on the earlier of: (b)	- -	ighe S
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ted July 8,	· 				₽5÷	B P
	Sign	20L	Thorized representati	ve of a member		8 PH 3: 02