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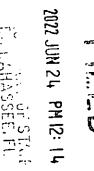
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COVER LETTER

TO: Registration Se Division of Cor				12	
Linear Tran	sportation LLC			ve**	
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
r rease return arr correspo		to the following.			
	Tonya Sheffield	Name of Person			
		Firm/Company			
	PO Box 1332				
		Address		202:	
	Boynton Beach, FL 33425			2 JUI	E 1
	lineartransportllc@gmail.co	City/State and Zip Code		2022 JUN 24 PM 12: 14 JESTAN LALL HASSEE, FL	; ====
	E-mail address: (to be used for future annual report notifi	ication)	PH Jar SSEE	i i
For further information c	oncerning this matter, please c	all:		E. FI.	<u></u>
Tonya Sheffield		561 236-5244 at ()		· 🛱 🗲	
Name o	f Person		Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Addres	<u>ss:</u>	Street Address:			

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 OF

Linear Transportation LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on June 20, 2022	and assigned
Plorida document number L22000278069		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Linear Transport LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or t	the abbreviation "L_C."
Enter new principal offices address, if applicable:		- 12 TI
Principal office address MUST BE A STREET ADDRESS)		To reach
	PO Box 1332	SET PH 12:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Boynton Beach, FL 33425	<u>- F</u>
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:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florid	a
	City	Zip Code
Name Danistana d America Cingatura if changing Hasistanad Aposts		

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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			Remove
			Change 24
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Filing Fee: \$25.00