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## **COVER LETTER**

	ration Section n of Corporations
SUBJECT:	M & A FAST SAFE SCRUCGS LLC. Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
	correspondence concerning this matter to the following:
Treuse return an	correspondence concerning this matter to the following.
	Maurico A Heva O
	Name of Person
	Mg/A Fast Safe Sewer LLC
	Firm/Company
	378 WE 25th PL + JOI Address
	Address
	1-6 mestead, Fr 33033 City/State and Zip Code
	City/State and Zip Code
	Humayus an magohe Egneril com E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
- Mav	Name of Person at (305) 7633444  Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
	rek for the following amount:
X S25.00 Filin	Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Address: Street Address: Registration Section On of Corporations  Street Address: Division of Corporations
-	ration Section Registration Section Section Division of Corporations
	ox 6327 The Centre of Tallahassee
Tallah	assee, FL 32314 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEA FAST SAFE SER		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	were filed on $\frac{06/20/2022}{}$ and assigned	
Florida document number <u>L22000278726</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
FAST SAFE TRANSPORTATION SCRU	VICES LLC	_
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	NA	_
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	_
	TACK TO THE REPORT OF THE PERSON OF THE PERS	
	LAH LAH	-
Enter new mailing address, if applicable:	14AS	["
(Mailing address MAY BE A POST OFFICE BOX)	SER P	m
	:: S	
	TWE 12	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registe	red
Name of New Registered Agent:		<del></del>
New Registered Office Address:		_
	Enter Florida street address	
	, Florida	_
	City Zip Code	
New Pagistared Agent's Signature if changing Pagistared Agent:		

## 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
			□Add
			□Remove
			⊡Change
			□Remove
			□Change SECF
			Change SECRETARY OF STATE TALLAHASSEE, FI
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lf an effect <u>Note:</u> If	e date, if other the tive date is fisted, the d the date inserted in it's effective date or	ate must be specific at this block does not	nd cannot be prior to meet the applicab	date of filing or more the statutory filing rec	nan 90 days after filing juirements, this date	y g.) Pursuant to ( g. will not be l	605.0207 listed as
e record : rd is tilec		ffective date, but no	ot an effective time	e, at 12:01 a.m. on th	e earlier of: (b) Ti	he 90th day a	fter the
Dated	Septemi	2ef 23	DOZY				
_	19 1	1/m /		zed representative of a			
		Signature of a	a member or authori.	zed representative of a	member		

Typed or printed name of signee