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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: NL	3 Transportat	ich ILC	
	' Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Nick	Name of Person	
	NLB T	ransocrtation Firm Company	LLC
		29th Way Address	
	MLB+ray E-mail address:	City/State and Zip Code Sportation @ 10 to be used for future annual report noti	3312 SECRETARION - 1 MAIN TO SECRETARION OF THE PROPERTY OF TH
For further information co	oncerning this matter, please co		
Nickaine Name o	BUCCII Person	at (954) 988. Area Code Daytim	0083 The Telephone Number
Enclosed is a check for the	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)
Mailing Addres Registration S	_	Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NLB Transa	Cy Company as it now appears on ou	r records.)
(A Florida	Limited Liability Company)	1 records:
The Articles of Organization for this Limited Liability Co	-	2012022 and assigned
Florida document number <u>L22 000 2791</u>	<u>1</u> 9	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		ECRET
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		天教 中 上上
		700 E 100
		77.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records	, enter the name of the new registered
agent and/or the new registered office address nerg.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	City	Zip 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>	Name	Address	Type of Action
MGR	Danielle Ellis	5020 SW 29m Way	□Add
		Ft. Lauderdale FL 333	312 Remove
			□ Change
MGR	Nickaine Burrell	5020 SW 20th Way	🗹 Add
		Ft. Lauderdale FL 3331	<u> </u>
			□ Change
			□ Add
		A HANGE	2027 Remove
		☐ ☐ Add ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
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