L22000290382

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(Address)		
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(City/State/Zip/Phone #)		
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SECRETARY OF STATE
TAILAHASSEE, FL

COVER LETTER

TO:

Registration Section

Division of Corporations				
	RANS LLC		<i>₽</i>	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	INA PILKINGTON			
		Name of Person		
	ALBOS TRANS LLC			
		Firm/Company		
	717 LANDOVER CIRCLI	E APT 203		
	······································	Address		
	NAPLES FL 34104			
		City/State and Zip Code	_ 	
	albostrans@gmail.com			
		to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
INA PILKINGTON		910 9921368 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALBOS TRANS ELC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ^{06/27/2022} __ and assigned Florida document number L22000290382 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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.

New Registered Agent's Signature, if changing Registered Agent:

City

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
MGR	ERGI USHTELENCA	717 LANDOVER CIRCLE APT 203 NAPLES FL 34	l _ ≣ Add
			_ □Remove
			_ 🗆 Change
MGR	ATHINA LUBONJA	717 LANDOVER CIRCLE APT 203 NAPLES FL 34	
			_ □Remove
			_ DChange
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
		 	_ □ Change
			_□Add
			□Remove
			Channa

,	
,	
(If an ef Note:	tive date, if other than the date of filing:
he reco ord is fi	rd 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 iled.
Dated	The Pile.
	Signature of a member or authorized representative of a member
	INA PILKINGTON
	11.11.1.11.11.11.11.11.11.11.11.11.11.1