## L22000321219

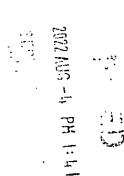
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	RAUL AND R	OOT TRANSPORT LLC	
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:	
		RAUL LOPEZ	
		Name of Person	
		Firm/Company	
	9927 LAGO DR		
		Address	
	BOYNTON BEACH FL 3	3472	
		City/State and Zip Code	
		LRAUL7002@GMAIL.COM to be used for future annual report not	(fication)
For further information c	oncerning this matter, please c		
RAUL LOPEZ		561 729-7909 at ( )	
Name o	f Person		ne 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)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG -4 PH 1:52

RAUL AND ROOT TRANSPORT LLC

(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 Compan	y were filed on $\frac{7/19/2022}{}$ and assigned
Florida document number L22000321219	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
GOLDEN HANDS AUTO TRANSPORT, LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9927 LAGO DR
(Principal office address MUST BE A STREET ADDRESS)	
	BOYNTON BEACH, FL. 33472
Enter new mailing address, if applicable:	9927 LAGO DR
(Mailing address MAY BE A POST OFFICE BOX)	
	BOYNTON BEACH FL 33472
	<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new reg
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new reg
agent and/or the new registered office address here:	
Name of New Registered Agent:	address on our records, enter the name of the new reg

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
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			□Remove
			□Change
			ПRетоve
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ctive date, if other than the	date of filing: 8/1/2022	(optional)	
effective date is listed, the date must	t be specific and cannot be prior to date of file ock does not meet the applicable statute	ling or more than 90 days after filing.) I	Pursuant to 605.02
ament's effective date on the De		ory ming requirements, this date w	in not be fisted i
ord specifies a delayed effective filed.	e date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The	90th day after th
Annuet 1	2022		
August 1			
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	40 - 177		
	Ray Company Signature of a member of authorized repres	sentative of a member	