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(Requestor's Name)	
(Address)	
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(Document Number)	
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Tallahassee, FL 32314

TO: Registration So Division of Cor				
COLUMN TRANSPORT	OMPANY LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GABRIELA SETRAKIAN	:		
		Name of Person		
	ARGENTAX LLC			
	-	Firm Company		
	1241 CANARY ISLAND	DR		~
		Address		22 SEP
	WESTON, FL 33327			.P 20
		City/State and Zip Code		A
	gabysetrakian@gmail.com			9.
For further information of	enerning this matter, please c	to be used for future annual report noti all:	Acation)	03
Gabriela Setrakian		786 458-3493		
Name c	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	2) \$60.00 Filin Certificate of Certified Co additional cop	of Status &
Mailing Addre		Street Address:		
Registration Division of C		Registration Se Division of Cor		
P.O. Box 632		The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 312267D6-7E62-418E-ACD5-84EEB4516892

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	4	HV	111	7 V1	1.1	N T	111	

(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 $\frac{08/03/2022}{2000}$ _____ and assigned Florida document number [L22000343342] 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 "LLC." 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

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

. Florida

DocuSign Envelope ID: 312267D6-7E62-418E-ACD5-84EEB4516892 trainenting Authorized rerson(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
AMBR	MARICEL ALVAREZ	10031 PINES BLVD STE 228	= Add
		PEMBROKE PINES, FL 33024	□Remove
			□Change
			□Add
			ПRетюve
			Change Change
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ective date, if other than the date n effective date is listed, the date must be spite: If the date inserted in this block document's effective date on the Departn	ses not meet the applic	able statutory filing	(option: Fre than 90 days after fili (requirements, this da	al) ng.) Pursuant to 605.03 ate will not be listed
ecord specifies a delayed effective date is filed. SEPTEMBER 15			on the earlier of: (b)	The 90th day after t
ated		 '		
Docusigned by:				
SEPTEMBER 15 Docusigned by: Maricel Alvarey 302AZ83DEDA8AA7 . Signa				

Filing Fee: \$25.00