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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of C	Corporations
	ANSPORT FL LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	SERGIU PUSCAS
	Name of Person
	SPL TRANSPORT FL LLC
	Firm/Company
	1840 SW 22ND ST.4TH FLOOR
	Address
	MIAMI, FL 33145
	City/State and Zip Code info.spltransportfl@gmail.com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further informatic	into.spltransportfl@gmail.com E-mail address: (to be used for future annual report notification) On concerning this matter, please call:
SERGIU PUSCAS	717 9255029
Nan	at () ne of Person Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
■ \$25.00 Filing Fee	E S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registration	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPL TRANSPORT FL LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number L22000370612	were filed on <u>05/17/20</u>	24	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
SPL BROKERAGE LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designat	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			end (*13)
		<u> </u>	- 12 m
Enter new mailing address, if applicable:		HAN.	ස
(Mailing address MAY BE A POST OFFICE BOX)		38.6	7
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		<u></u>	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the name</u>	of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	cet address	
		, Florida	
	Ciţy		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 Changing Registered Agent, Signature of New Registered Agent

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	Sergiu Puscus	1840 SW 22nd St. 4th Floor miani FL 3B146	□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
		ASS	□Remove □Change
		man and a second	ထ , □ Add; ယ U W □ Remove
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ective date, if other than the date of filing:			(optional	1)	
effective date is listed, the date must be specific and cannot be lee: If the date inserted in this block does not meet the ar					
nument's effective date on the Department of State's reco					
record specifies a delayed effective date, but he 90th day after the record is filed.	t not an effe	ective time, at	12:01 a.m	. on t	he earlie
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