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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Acterma	ESSON Name of Limited	tial Travs	port LLC
The enclosed Articles of Amendment a	and fee(s) are submit	ated for filing.	
Please return all correspondence conce	rning this matter to t	the following:	
	Matthow	Ackerman Name of Person	
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Matthew Ackerman Name of Person Firm Company 2127 NE 24th Tebrace Address Cafe Gral FL 33909 Matthek Tuber Grad E-mail address: (to be used for future amount report notification) formation concerning this matter, please call: thew Ackerman Name of Person at (239) Area Code Daytime Telephone Number theek for the following amount: thing Fee Certificate of Status Certificate Opy fadditional copy is enclosed) ing Address: Registration Section Sixton of Corporations Box 6327 The Centre of Tallahassee		
_21	Sof Amendment and fee(s) are submitted to filing. Sepondence concerning this matter to the following: Matthew Ackerman Name of Person Firmt ompany 2127 NE 24th Tebrace Address Cape Coral FL 33909 City/State and Zip Code Matthew Gravesta and Zip Code E-mail address: (to be used for future armual report notification) on concerning this matter, please call: Area Code Ortificate of Status Certificate of Status Certificate of Status Certificate Opy gadditional copy is enclosed) dress: on Section Of Corporations Of Corporations Of Corporations The Centre of Tallahassee		
(Cafe Go	ral FL 33	909
1 11	1		- 9327
Name of Person		Area Code Dayti	me Telephone Number
Enclosed is a check for the following:	imount:		
		Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	;	Registration S Division of Co The Centre of 2415 N. Monr	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 "LAC" or the abbreviation "LAC" 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 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
			□ Add
			ElRemove
			□Change
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			□Remove
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			□Change

Page 2 of 3

	ctive date, if other than the date of filing:
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docu	ment's effective date on the Department of State's records.
the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	e 90th day after the record is filed.
Date	October 25th 2023
	and the second
	Signature of a member or authorized representative of a member
	Segment of a memory of automotive representative til a memory
	Matthew Actornam Typed or printed name of signee

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Filing Fee: \$25.00