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PICK-UP] WAIT MAIL
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SECRETARY OF STATE

. COVER LETTER

Division of Corporations	
SUBJECT: NKE Transpor	1116
SOURCE THE TOTAL CONTRACTOR OF THE PARTY OF	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Mendais	Vero Rodriquez
	Name of Person
-	Firm/Company
	24horn Dr. Address
Lott Kichey	FL 34668 City/State and Zip Code
, a a ala i ya ci	
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please co	aH:
Yendrys Jeno Redrigue	72 at (<u>505) </u>
, Manie di Tervini	Area code Paytine receptione symmet
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy ☐ Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Li	imited Liability Company as it now appears on our records. (A Florida Limited Liability Company)	.)
	_	
- 1	I Liability Company were filed on $\frac{Q - Q - Q}{Q}$	and assigned
Florida document number <u>L220004</u>	10726	
This amendment is submitted to amend the f	ollowing:	
A. If amending name, enter the new name	e of the limited liability company here:	
The new name must be distinguishable and contain th	ne words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if app	olicable:	
(Principal office address MUST BE A STR	EET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	<u></u>	
	or registered office address on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office add	ress here:	
Standard Standard Advance		
Name of New Registered Agent:	· · ·	
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	City	Zip Code
New Registered Agent's Signature, if changin	ig Registered Agent:	
provisions of all statutes relative to the pr accept the obligations of my position as re	ered agent and agree to act in this capacity. I furt oper and complete performance of my duties, and egistered agent as provided for in Chapter 605, F he registered office address. I hereby confirm that his change.	U am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of	New Registered Agent

	Authorized Pe		age, enter the title, name, and address of each p	erson being added
MGR = M AMBR = A	anager uthorized Mem	ber		
<u>Title</u>	<u>Name</u>		Address	Type of Action
<u>P</u>	Yendry	s yero Radriguez	2 7730 Hawknorn Dr.	□Add
			Part Richey, FL 34468	_ Kemove
				□Change
MGR	Yendaje	yero Rodriguez	7730 Hawthern Dr. Part Rachey FL 34668	_ Ndd
			PortRichey FL 3416168	□Remove
				□Change
				□Add
				□Remove
				□Add
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(If an effe <u>Note:</u>	If the date inserted in th	the date of filing:
If the record record is fil		ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	Mai =	
Dated .	1570per	H
		1 Myer
		Signature of a member or authorized representative of a member
		Vendrys Jero Rodriguez Typed or printed name of signee