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| (Requestor's | Name) |
|-------------------------------------|----------------------|
| (Address) | |
| (Address) | |
| | |
| (City/State/Z | p/Phone #) |
| PICK-UP W | AIT MAIL |
| (Business El | ntity Name) |
| | |
| (Document N | lumber) |
| Certified Copies Ce | rtificates of Status |
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SECRETARY OF STATE

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| TO: | Division of Corpor | | | | ↓ • € | 8 | |
|----------------|--|--|--|--|----------------------------------|-----------------------------------|---------|
| orth H | | ANSPORT LLC | | • | * | • | |
| SUBJE | C1: | Name of Limit | ed Liability Company | | | | |
| The enc | losed Articles of Am | endment and fee(s) are subn | nitted for filing. | | | | |
| Please r | eturn all corresponde | nce concerning this matter to | o the following: | | | | |
| | | ALEXANDER RAMIREZ | SOCARRAS | | | | |
| | | d | Name of Person | | | | |
| | | | Firm/Company | | | | |
| | | 2886 ELISA DR W | Address | | | | |
| | | JACKSONVILLE, FL 3221 | | | | | |
| | | | | | | | |
| | a | lexcuba313@gmail.com | City/State and Zip Code | | | SECH TAL | วกวา |
| | _ | E-mail address: (to | be used for future annual r | report notificatio | n) | | 3 |
| For furt | ner information conc | erning this matter, please ca | II: | | | ARY HAS | |
| ALEXA | NDER RAMIREZ S | | 832 273 at () | 3-4146 | | SE PE | ₹* • |
| | Name of Per | rsod | Area Code | Daytime Tele | phone Number | SECRETARY OF STATE TALLAHASSEE FL | .94 |
| Enclose | d is a check for the fo | ollowing amount: | | | | | |
| □ \$2 <i>5</i> | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is encl | | Certified | ie of Status & | |
| | Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL | porations | Divisior The Cer 2415 N. | ddress: ation Section of Corpora atre of Tallal Monroe Str ssee, FL 323 | itions hassee eet, Suite 8 | 10 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EL MANA TRANSPORT LLC | | | |
|---|---|---|----------------------------------|
| (Name of the Lim | ited Liability Company as it now app (A Florida Limited Liability Compan | ears on our records.) y) | |
| The Articles of Organization for this Limited I Florida document number L22000411777 | iability Company were filed on | 09/21/2022 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| 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," th | ne designation "LLC" or the abbrevi | ration "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | 2022 |
| | | | 20 ==== |
| | | A.F. | |
| Enter new mailing address, if applicable: | | NA. | ² ∼ ∏ |
| (Mailing address MAY BE A POST OFFICE | | (n) C | |
| Fraiding data ess MAT BE A 1031 OFFICE | | | |
| | | | 1 29 |
| B. If amending the registered agent and/or agent and/or the new registered office addr | | r records, <u>enter the name of</u> | the new registere |
| Name of New Registered Agent: | YUNIOR RODRIGUEZ LOPI | EZ | |
| New Registered Office Address: | 2836 ELISA DR W | | |
| New Registered Office Address. | Enter | Florida street address | |
| | JACKSONVILLE | , Florida <u>32216</u> | |
| | Ciţy | 2 | Lip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | |
| I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the | per and complete performance gistered agent as provided for i | of my duties, and I am fami in Chapter 605, F.S. Or, if th | liar with and his document is |

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 | YUNIOR RODRIGUEZ LOPEZ | 2836 ELISA DR W | ■Add |
| | | JACKSONVILLE, FL 32216 | □Remove |
| | | | |
| AMBR | ALEXANDER RAMIREZ SOCAF | 2836 ELISA DR W | □Add |
| | | JACKSONVILLE. FL 32216 | □Remove |
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| effective date is listed, the degree of the date inserted in ament's effective date of the degree of | n the date of filing: | requirements, this date will not be liste |
| filed. | | |
| September 23 | 2022 | |
| | | |
| | Signature of a member or authorized representative of | a member |
| | | |

Filing Fee: \$25.00