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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Moure's trans	portation LLC
Name of	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Robe	Name of Person
<u></u>	res Transportation LLC
715 E.	Lime stapt111Z
tarpons	City/State and Zip Code City/State and Zip Code c. Moure @ icloud. (om ess: (to be used for future annual report notification) se call: at (717) 641-1930
	ess: (to be used for future annual report notification)
For further information concerning this matter, plea	se call: $\frac{1}{2}$
Robert Moure Name of Person	at (777) 641-1930 Eri Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Statu	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, s Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section 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

MODRE'S Transportation LLC

(Name of the Limited Liabi	lity Company as it now appears on our records.)
(A Florid	da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L77000488	Company were filed on $11 - 09 - 7077$ and assigned 567
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	PRESS) Furponsprings FL 34689
(Principal office address MUST BE A STREET ADD	RESS) terponsprings, FL 34689
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	715 E. Linest apt 1117 torponsprings, FL 34689
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	obert Moore
New Registered Office Address:	5 E. Limest apt 1112 Enter Florida street address
ta	rponsprings Florida 34689 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 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	Courtney Reese	370 > Grosseave apt A	□Add
	•	370 S Grosseave apt A tarponsprings, FL	DRemove
		34689	□Change
			□Add
			□Remove
		·	EChange
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ffective date :	if other than the d	ate of filings				14	optional)		
an effective date i	is listed, the date must b	e specific and c	cannot be prie	ior to date of t	filing or more	than 90 days	after filing.)	Pursuant to 605.	020
	e inserted in this bloc ctive date on the Dep				tory filing r	equirements	s, this date v	will not be liste	d as
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