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COVER LETTER

TO: Registration Se Division of Cor		,	
SUBJECT:	Name of Line	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jova	Name of Person	Napoleon
,	ELYM	TRANSPORTATION Firm Company	
	19392 CA	ROLINA CIR B	OCA Raton, PL 3343
	ELYM TRAVE	City/State and Zip Code Sportate (G) GMA The be used for future annual report not	11. Com
For further information co	oncerning this matter, please co	all:	
Joyadi - Hary Name of	ey Napoloon	at (<u>954</u>) <u>348</u> Area Code Daytin	- 5253 ne Telephone Number
linelosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration Se Division of Co	

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000503755</u> .	11 6 10.00
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile ELYM TRANSPORTATION The new name must be distinguishable and contain the words "Limited Liabile".	110
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	19392 COROLINA CIR Boca Raton, PC 33434
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Some as Office address
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	oddress on our records, enter the name of the new registered
Name of New Registered Agent: ELYM New Registered Office Address: 19655	ENTERPRISES LLC = 178 H + LAIL S = 100 H
Boca	Ration, Florida 33 498 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 Address Type of Action Title Name MBR Ratama Enterprises LLC S174 NW S1st Ct DAD CoConst Creek, FL goremove 33073 Change Cassagnal, Christophen S174 NW S1st C+ DAdd Cocount Creeck 17 3073 ARREMOVE ____ Change AP Jean Fosc Emeline 19655 118th Mail S DAD Boca Ration PL 33498 jacemove ☐ Change MBR NApoleon, Jovadi-Honey 1965 118th FRAN S DANG Boca Raton FL 33498 | Remove Change □Remove

_____ □Change

Page 2 of 3

ective	date, if other than the date of filing:
reflecti te: If t	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ument	s effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after
ied	November 30th, 2023.
	1 . 2
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Jorgan - Harry Lapologi Typed or printed name of signer
	\sim JUNDIEL TRUCKU \downarrow