L23000020552

(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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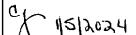




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COVER LETTER

TO: Registration S Division of Co			.4
SUBJECT:	Ork force	Transport 1	LC
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
	Workfo	Name of Person Name of Person OCCE Transpo Firm/Company Norver Lave Address Address City/State and Zip Code	rt, LLC
	E-mail address:	to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	rall:	
Wilder L Name o	1 Person	at (407) 730 - Area Code Daytim	9587 e Telephone Number
Enclosed is a check for the	ne following amount:		
X \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	L1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2023 [30] 18 [7] 5: 40 The Articles of Organization for this Limited Liability Company were filed on 01-09-2023 and assigned Florida document number _23000020552 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 "L.C." or the abbreviation "L.L.C." 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

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	Rafael Ruiz	775 Warner Lone Orlando FL 32803	DAdd
			L. Remove
			EiChange
		[]Remove	
		, 	ElChange
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			ClRemove
			Don

	Article TIT Other provisions if any.
	Wilder Lopez owns 100%.
	
	
Effec	tive date, if other than the date of filing: (optional)
Note:	ffective 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 605,0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
ne reco ord is t	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the filed.
Datec	December 8 2023
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00