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1 2/4/2023

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor			
SUBJECT:	Name of Lin	2 Transport	ution LLC
		, ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
The return air correspo	machee concerning this maner	to the following:	
	- Maren	Jael Santia	00
	AQL Un	IVERSE Train	ns portation
	23231 (	ascacle Place	
	Land 0	City/State and Zip Code	34639
	12 Ismail address: (1	o bo used for future annual report notific	eation)
For further information co	oncerning this matter, please ca	ill:	
Jun Name of	QS Vougas	at (X12) Area Code Disytime	2 2314 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 Co	ection	Street Address: Registration Sect	
P.O. Box 632		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

13

AGU Unio	Jerse Trai	asportation	2023 FEP 6 AM 10: 13
	ited Liability Company as it (A Florida Limited Liability)	Company)	TALL INSSEE, FL
The Articles of Organization for this Limited I	Liability Company were fi	led on 01/23/20	)23 and assigned
This amendment is submitted to amend the fol	lowing:	•	
A. If amending name, enter the new name of	of the limited liability cor	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
		<del>-</del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and/or a second and/or the new registered office addre	registered office address ess here:	on our records, enter the nan	ne of the new registered
Name of New Registered Agent:	James	Vargas 1	Carcedo
New Registered Office Address:		Enter Florida street address	<del></del>
	City	Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		·
hereby accept the appointment as registere	ed agent and agree to ac	t in this capacity. I further ag	ree to comply with the

1 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 4-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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		repartment (7. Sta	te a records.				
ecord speci is filed.	fies a delayed effecti	ve date, but not a	n effective time, at	12:01 a.m. on	the earlier of: (b)	The 90th day afte	r ti
nted	2/06		2023				
	()	$\mathcal{L}_{1}$	/		) . <u> </u>	1	
4	HULLAN	A STATE OF THE STA	mber or authorized		+7/U		

Filing Fee: \$25.00