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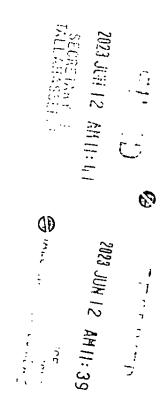
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TRANSPORTA FRE16HT LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANETTE DORSEY Name of Person
Firm/Company
PO BOX 146
Lake Alfred H. 33850 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daviet Dosey at (363) 443 4162  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (Certified Copy (additional copy is enclosed))
Mailing Address:  Registration Section  Street Address:  Registration Section

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

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

## ARTICLES OF AMENDMENT TO

10	
ARTICLES OF O	RGANIZATION
Ol	2022
TRANSPORTA F RE  (Name of the Limited Liability Compan (A Florida Limited Limi	v as it now appears on our redords () SSC () (SSC)
The Articles of Organization for this Limited Liability Company of Florida document number 123004632	were filed on $0/25/23$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" 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)	PO BOX 146 Lave Alfred 17.33850
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

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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fective date, if	other than the date of listed, the date must be spec	f filing:	o date of filing or more t	(optional)	Pursuant to 605 020
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•	a delayed effective date, b	out not an effective tir	ne, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
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	Signatur	re of a member or artiflo	rized representative of a	member	
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Filing Fee: \$25.00