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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA





IMPORTANT NOTICE

PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Wednesday, May 17, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment

For: STS SOLE TRANSPORTATION SERVICES, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

Division of Co	rporations		
SUBJECT: STS SO	LE TRANSPORTATIO	N SERVICES, LLC	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Corpoi	ate Maintenance Le	ead
		Name of Person	
	Proc	essing Department	
		Firm Company	
	•	1450 Vassar St	
		Address	<u> </u>
		Reno, NV 89502	
		City State and Zip Code	
	h-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c		
		••••	
	ing Department	at (800) 638-2320	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy cadditional copy is enclosed:	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURH	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STS SOLE TRANSPORTA	ATION SERVICES, LLC
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 02/15/23 and assigned
Florida document number L23000082598	
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 Liability and Contain the Words".	ty Company," the designation "LLC" or the abbreviation "L.L.("
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	12555 Biscayne Blvd #1016
(Mailing address MAY BE A POST OFFICE BOX)	North Miami, FL 33181
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the nev
Name of New Registered Agent:	2023 SEC: ALLA
New Registered Office Address:	HAS TA
	Enter Florida street address
	Cuv Florida 779
New Registered Agent's Signature, it changing Registered Agent:	DRAW ?
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
		No	
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
.			D Add
		·	Remove
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	nending any other information, enter change(s) here: (Attach additional sheets, if necessa.		
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(If an el Note:	tive date, if other than the date of filing: N/A Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date nent's effective date on the Department of State's records.	.) Pursuant to 605 03	07 (3 αs th
fthe re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.	on the earlier	of:
Dated	05/05/2023 Jallon		
	Signature of a member or authorized representative of a member		
	Sol Pinto		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00