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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
	Fransportation LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sean Bailey		
		Name of Person	
	Blackrose Transportation		
		Firm/Company	
	500 S. Federal Hwy #411		
		Address	
	HALLANDALE BEACH	FL 33008	
	Distance and Market	City/State and Zip Code	<del></del>
	Blackrosetransportation   6(	geman.com to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Sean Bailey		786 458-4101 at ( )	
Name o	f Person		ne 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 (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co The Centre of	rporations
P.O. Box 632 Tallahassee, 1			t affanassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blackrose Transportation, LLC

2023 NOY 17 MITH: 57

(A Florida	Limited Liability Company)	٠.
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000113831</u>	ompany were filed on March 3, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.                                    </u>
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
	City	in com

## 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

Title .	Name	<u>Address</u>	Type of Action
MGR	Sean Bailey	500 S. Federal HWY, #411	<b>=</b> Add
		HALLANDALE BEACH, FL 33008	□Remove
			□Change
			□Add
		<del></del>	□Remove
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		<u> </u>	□Add
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Note: If th	e date inserted i	han the date of f date must be specific n this block does n on the Department	not meet the appli	cable statutory fi	(opt or more than 90 days after iling requirements, th	ional) er filing.) Pursuant to 605.020 is date will not be listed a
	cifies a delayed	effective date, but	t not an effective	time, at 12:01 a.i	m. on the earlier of: (	b) The 90th day after the
rd is filed.	ember 4			·		
rd is filed. Nov	ember 4	Set	_,	·		
rd is filed.	ember 4	Signature of	of a member or auth	horized representa	tive of a member	