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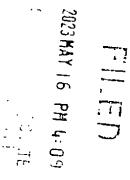
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COVER LETTER

	gistration Se vision of Cor				
SUBJECT:	RÈDWOOD STRATEGIC ADVISORS, LLC				
SUBJECT.		Name of Lin	nited Liability Company	-	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		Gerson Hernandez			
			Name of Person	_	
		Lawyers Limited			
			Firm/Company		
		829 W, Palmdale Blvd #6	8		
			Address		
		Palmdale CA 93551			
			City/State and Zip Code		
		gerson@lawyerslimited.cor			
		E-mail address: (to be used for future annual report notification)		
For further in	nformation co	oncerning this matter, please c	all:		
Gerson Heri	nandez		661 310 2823		
	Name of	Person	Area Code Daytime Teleph	none Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	2 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section			Street Address: Registration Section		
Division of Corporations			Division of Corporation	ons	
P.O. Box 6327		7	The Centre of Tallaha	The Centre of Tallahassee	
Tallahassee, FL 32314		L 32314	2415 N. Monroe Stree	et, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REDWOOD STRATEGIC ADVISORS, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/15/2023	and assigned
Florida document number L23000134610		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
FAVOR TRANSPORTATION LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	153 East Flagler St #510	2023
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131	KAY
		<u> </u>
Enter new mailing address, if applicable:	153 East Flagler St #510	ここと
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131	
		<u>- </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter th	e name of the new registered
	, Flori	da _
	City	Zip Code

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 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
MGR	Bob Lambert	153 East Flagler St #510, Miami, FL 33131	= Add
			□Remove
		_	□Change
MGR	MATT BONWILL		□ Add
		895 OAKFORD ROAD SARASOTA, FL 34240	■Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			Change

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Note: If the date	f other than the date of filing:
the record specifies ecord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 12	2023
_8	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
Bob L	ambert - Authorized Person
	Typed or printed name of signee

Filing Fee: \$25.00