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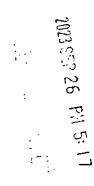
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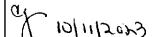




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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 1000 Ricos A 1 Transportation 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:
RICCARDO JONOS SR. Name of Person
Joe Ricos Al Transportation UC
2919 E 29th Ave
Tampa FL 32005  City/State and Zip Code
E-mail address:)(to be used for future annual report notification)
For further information concerning this matter, please call:
Riccate Vo Sones at (727) 221-1308 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  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 ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa) (A Florida Limited L.	TV hs it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>2300137537</u> .	201-10000
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilities of the limited liabilities of the limited liabilities of the new name must be distinguishable and contain the words "Limited Liabilities new principal offices address, if applicable:	LC
(Principal office address MUST BE A STREET ADDRESS)	Tampa FL 33602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: LICCAYO	to J. Jones SR
New Registered Office Address: UIO E Z	ACK St. Steel 110-72405  Enter Florida street address
Tampa	City Florida 33602_
B' D. La J. A. Martin Clamatura of abanding Designand Agents	

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:

or remove	ed from our records.		
MGR =	Manager		
AMBR =	Authorized Member		
	••		
Title	Name	Address	

<u>Title</u>	<u>Name</u>	Address	Type of Action
MEIR	Riccardo Lones	UN EZACK St Ste 110.	- <u>2263</u> □ add
		TAMPA, FL 331002	□Remove
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fective	date, if other than the date of filing: (optional)	
an effectiv	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put the date inserted in this block does not meet the applicable statutory filing requirements, this date will	rsuant to 605.0207
	's effective date on the Department of State's records.	not be listed as
record sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
is fried.	7	
ated <b>S</b>	eptember 25th, 2023.	
	Signature of a member or authorized representative of a member	