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SECRETARY OF SECRE

4/13/22

COVER LETTER

TO:	Registration 8 Division of Co			
		RANSPORTATIONÁ LLC	••	
SUBJE	CT:	Name of Lim	ited Liability Company	
The end	:losed Articles o	i Amendment and fee(s) are sub	muted for filing.	
Please i	return all corres;	ondence concerning this matter	to the following:	
		RUSHAN BURKHANOV		
			Name of Person	•
		TATAR TRANSPORTAT		
			Firm/Company	
		800 SE 4TH AVE 711		
			Address	
		HALLANDALE BEACH,	FL 33009	
			City/State and Zip Code	
		info@mraccounting us		
			to be used for future annual report notific	ation)
For furt	ther information	concerning this matter, please ea	all:	
RUSHAN BURKHANOV			305 610-2704	
Name of Person			at () Daytime T	etephone Number
Enclose	ed is a check for	the following amount		
□ \$2:	5.00 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 Addr Registration		<u>Street Address:</u> Registration Secti Division of Corpo	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahussee
2415 N. Monroe Street, Suite 810
Tallahussee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TATAR TRANSPORTATIONA LLC			
(Nume of the Limited Liability Comp. (A Florida Limited	iny as it now appears on or Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company	were filed on 03/27/200	23	and assigned
Florida document number L23000152273			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
TATAR TRANSPORTATION LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	tion "LLC" or the abb	reviation "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)		•	
			
			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		<u></u>	
New Registered Office Address:			
	Enter Florida sira	eoi address	
		, Florida	
	City		Zıp 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>	Name	Address	Type of Action
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			□Remove
		· · · 	□Change
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cord spe Filed	ecifies a delayec	d effective date,	, but not an effe	ctive time, a	: 12.01 a.m. on th	e earlier of. (b)	The 90th day after t
ad 11 /	APRIL		2023				
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