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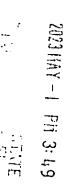
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COVER LETTER

TO:

| City/State and Zip Code TRANS FORTATION SUNSHINE STATE LLC (QCMAIL COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sleivys Payez Sabuedo at 305, 304 6 4 6 5 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee \$ \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | TO: Registration Sect Division of Corpo | | | |
|--|--|---------------------------------|---|--|
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CLEINYS PEREZ SARUCEDO Name of Person | SUBJECT. Sunsh | ine State ? | Transportation LL | \mathcal{C} |
| Please return all correspondence concerning this matter to the following: CLEINYS PEREZ SABUCEDO Name of Person | <u></u> | Name of Lim | ited Liability Company | |
| CLEIVYS PEREZ SABUCEDO Name of Person SUPSHINE STATE TRANSPORTATION LLC Firm/Company 400 3946 STREET GULF APT. 307 Address HAR ATHON FLORINA 33050 City/State and Zip Code TRANSPORTATION, SUMSHINE, STATE, LLC (QCHAIL, COME) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sleivys Peyez Sabuedo at 305 Name of Person The State of Status of Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee | The enclosed Articles of A | mendment and fee(s) are sub | omitted for filing. | |
| SUPSHINE STATE TRANSFORTATION LLC Firm/Company 400 39+b STREET GULF APT. 357 Address MAR ATHON FLORINA 33050 City/State and Zip Code TRANSFORTATION SUNSHINE STATE LLC QCHAIL COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Slivys Parez Sabutedo at 305, 304 6 4 6 5 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Scrifted Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee | Please return all correspond | dence concerning this matter | to the following: | |
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| Enclosed is a check for the following amount: Solution | | TRAMPORTATIL E-mail address: | City/State and Zip Code ON SUNSHINE STATE (to be used for future annual report no | LLC @CMAIL. COM = Com tification) |
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| Tallahassee, FL 32303 | Registration So Division of Co P.O. Box 6327 | ection rporations | Registration S Division of Co The Centre of 2415 N. Monr | orporations Tallahassee oe Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Sunshine State Transport | ortation | LLC | | | | |
|---|--|---------------|---|--------------|--------------|---------------|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | i <mark>y as it now appe</mark> iability Company) | ars on our | records.) | | | |
| The Articles of Organization for this Limited Liability Company v Florida document number $L23000174226$. | were filed on _ | April | 7,208 | 13ar | nd assigned | |
| This amendment is submitted to amend the following: | | | re: esignation "LLC" or the abbreviation "L.L.C." | | | |
| A. If amending name, enter the new name of the limited liabil | lity company l | <u>iere</u> : | | | | |
| | | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | ty Company," the | designation | n "LLC" or th | e abbreviati | on "L.L.C." | |
| Enter new principal offices address, if applicable: | | | | | - 23 | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | <u> </u> | <u>:::</u> | - |
| | | | | · <u>-</u> | < | |
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| Enter new mailing address, if applicable: | | | | | <u> </u> | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | _ | | 1 (62) | ယ္ | |
| | | _ | | | . | _ |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: | ddress on our | records, | enter the n | ame of th | e new regi | stered |
| Name of New Registered Agent: | | | | | <u> </u> | _ |
| New Registered Office Address: | _ | | | | | |
| | Enter Fl | orida street | address | | | |
| | | | Florida | | <i>C</i> | |
| | 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 | GLEINYS PEREZ SABUCEDO | 10 35th Street Gulf, Apt 35 HARATKON, FL 33050 | Add Madd |
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| ffectiv | e date, if other tive date is listed, th | than the dat | e of filing: | nnot be i | arior to date of | filing or more | than 90 day | (<mark>optional</mark> s after filio | l) 19.) Pursu: | ant to 605 (| 020 |
| <u>vote:</u> I | the date inserted | in this block of | does not mee | et the ap | plicable statu | tory filing re | equirement | s, this dat | e will no | ot be liste | d a |
| iocume | it s effective date | on the Depart | ineni oi sai | ic s icco | nus. | | | | | | |
| | specifies a delaye | d effective da | te, but not ar | ı effecti | ve time, at 12 | :01 a.m. on | the earlier | of: (b) T | The 90th | day after | the |
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