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COVER LETTER

	REZ TRANSPORTATION LLC	-		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	ESMEL I PEREZ			
Division of Corporations E & J PEREZ TRANSPORTATION SUBJECT: Name		Name of Person		
	E & J PEREZ TRANSPO	RTATION LLC		
		Firm/Company		2023
	4021 CABAN CT			ANG
		Address		22
	ORLANDO, FL 32822			55代 56年 至
	esmel5@yahoo.com	City/State and Zip Code		2023 AUG 22 AH 10: 20
	E-mail address: (to be used for future annual report notific	ation)	•
For further information	n concerning this matter, please c	all:		
ESMEL I PEREZ		407 913-9065		
Name	e of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	r the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Registration Division of	n Section Corporations	Street Address: Registration Section Division of Corportion of Tales	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E & J PEREZ TRANSPORTATION LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/10/2023	and assigned
Florida document number 1.23000177388		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		S 2 2
		D H C
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:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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	JAVIER FERNANDEZ PEREZ	4021 CABAN CT	□Add
		ORLANDO, FL 32822	■Remove
	<u> </u>		□Add
			Remove Remove And Analysis Company Remove And Company Remove And Company Remove
			Add TO Comove
			□Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to dat	(opt	ional)	rought to 6	02 O J O .
iote: If the date inserted in this block does not meet the applicable s	tatutory filing requirements, th	is date will	not be li	isted as
ocument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective time, a	t 12:01 a.m. on the earlier of: C	b) The 90	ith day at	ter the
l is filed.	(12.01 a.m. on the carrier or.)), THE ///	an day an	ter the
ated $8[15]23$				
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Filing Fee: \$25.00