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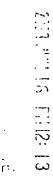
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COVER LETTER

TO: Registration So Division of Cor					
SUBJECT:	Solid tra	risport 166			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		MOMOS Name of Person			
	<u> </u>	lid Tyansport Firm/Company	161C		
	4. /	Address			
	Dakland Solid	PAIK FC 3333 City/State and Zip Code +W112S POY + 1LL of to be used for future annual report notion	COgnall Cox	21	
For further information c	oncerning this matter, please co		ication)		
MiCOle Name o	Thomas f Person	at (<u>984</u>) <u>234</u> . Area Code Daytim	S40 5 e Telephone Number		
Enclosed is a check for the	ne following amount:				
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl		
Mailing Address		Street Address:	· · · · · · · · · · · · · · · · · · ·	2023	
Registration Section Division of Corporations		Registration Sec Division of Cor			
P.O. Box 6327		The Centre of T	-	رن 	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solid Transport 1	L(C
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Of Plorida document number <u>L.23000.24110</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD)	RESS)
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	ed 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

Title	<u>Name</u>	Address	Type of Action
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f an effective <u>Note:</u> If the	date is listed, the di	te must be specifi. this block does r	and cannot of meet th	the prior to date of fill e applicable statuto	ing or more than 90 days ry filing requirements	optional) after filing.) Pu , this date wil	rsuant to 605,0207 I not be listed as
record spec d is filed.	cifies a delayed e	ffective date, but	not an eff	ective time, at 12:0	1 a.m. on the earlier o	f: (b) The 90	Oth day after the
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		Signature (oi a membei	or authorized repres	entative of a member		===
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Eee: \$25.00