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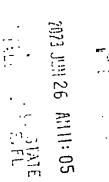
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT:M	allway Transport	tation LEC ited Liability Company
The enclosed Articles of	Amendment and fee(s) are subt	enitted for filing.
Please return all correspo	ndence concerning this matter t	to the following:
		Mukin Valencia Way
	_ Mall way	transportation LLC
	2304 2	terrace Riviera beach
	FL	- 33404
	Mallway tra	City/State and Zip Code (NS DO LLC a grown COM) To be used for future annual report notification)
For further information c	oncerning this matter, please ca	
Valenci	a Way f Person	at (50e) 537 - 1083 Fig. 27 S
Enclosed is a check for the	ne following amount:	
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	npany as it now appears on our records.) ed Liability Company))
(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on 6/22/23	and assigned
Florida document number <u>L 2 30 00 251505.</u>	- ((
	dece the	
This amendment is submitted to amend the following: Add	ares change	
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company." the designation "LLC" o	or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	ne name of the new registere
agent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
New Registered Agent's Signature, if changing Registered Age		7.4
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple		
provisions of an summes remarks to the proper and comple accept the obligations of my position as registered agent ϵ		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Demarcus Muckin		ZAdd
		Riviera beach Fc. 33404	
		2473 SW Falcon cir Ports	Lucie Fr. 2003
			Levnove)
			□Remove
			□Change
AMBR	Valencia wory	23042 Terrace Riviera beach	23404 22Add
	1	23042 Terrace Riviera beach	il ZRemove
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ocument's effective date of	n the Department c	of State's records.	•	~ '			
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