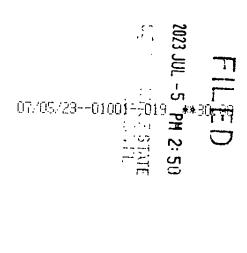
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COVER LETTER

TO: Registration S Division of Co	rporations		
SUBJECT: Terry	Transports LL Name of Lir	C	
	Name of Lir	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence	ondence concerning this matter	r to the following:	
	7		
	1crry stallu	Name of Person	
		Name of Person	
	Terry Trans	ports LLC. Firm/Company	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
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	2405 OKatic	Ly Contonnent	
		Address	
	Contrament Fl	1) < 23	
	SHITISTING IT	City/State and Zip Code	
	Terry Stallwort	W76840 amail com	
•	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Terry Stallno	ane of Person at (
Name o	is a check for the following amount: 10 Filing Fee S S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 10 Filing Fee S S60.00 Filing Fee & Certified Copy (certified Copy (additional copy is enclosed)) 11 S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed)) 12 S60.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed)) 13 Street Address: 14 Registration Section		
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	_	Elesson numeros e	E CANDODE D
E Jan.oo i img ree			
		(additional copy (s enclosed)	
Mailing Addres	<u>s:</u>	Street Address:	
-		Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	
Tallahassee, F			ananassee 2 Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Terry Transports LLC	
Term Transports LL (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L33</u> 060 264699	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
	<u> </u>
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	2405 Orake in in
(Principal office address MUST BE A STREET ADDRESS)	Continuent Fl. 32533
	· A •
Enter new mailing address, if applicable:	2405 OKahi Ln
(Mailing address MAY BE A POST OFFICE BOX)	Canton ment Fl. 32533
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
igent and/or the new registered office address nere:	
Name of New Registered Agent: A5hl-cy	Stallmort
New Registered Office Address: 2405 X	Enter Florida street address
Cantonmen	City , Florida 32533 Zip Code
San Davids and the san State of the san	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>	Name	Address	Type of Action
MUR	Terry Stallworth	2405 OKATE LA	✓Add
		Cantonman Fl. 32533	□Remove
			□Change
			
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<u>Note:</u> If the o document's e	late inserted	in this block	k does not	meet the	applicabl	le statutor	ry filing re	equireme	nts, this da	te will not	be listed as
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Filing Fee: \$25.00