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(Address)			
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PICK-UP WAIT MAIL			
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(Document Number)			
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12/18/23--01026--004 **25.00

15/2024

COVER LETTER

Division of Corpor		•	
SUBJECT: RIOS	TRANSPORT GO	200P LLC ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Roberto	Rios JC Name of Person	
	RIOS TRA	WSPORT GROUP LLC	<u>-</u>
	328 Mont	gome(y Lt Address	
	Kissimm	ee FL 34758 City/State and Zip Code Group@9mail. Com to be used for future annual report notice	
-	Riostansport E-mail address: (1	ratoup@gmail. Com	fication)
For further information conc	erning this matter, please co	dl:	
Roberto Ric	rson	at (<u>407</u>) <u>335 – 2</u> Atea Code Daytim	9 39 e Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	tion	<u>Street Address:</u> Registration Sec	ction
Division of Corp		Division of Cor	porations
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIOS Tran	SPORT Group LLC	4623	7018 AT 7:24
(Name of the Limite	6fort Group LLC d Liability Company as it now ap A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Lia Florida document number <u>L23002779</u>	bility Company were filed or	06/08/2023	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability compan	y here:	
The new name must be distinguishable and contain the we		the designation "L1.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica			
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	·	
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u> </u>		
		×1. · =	
B. If amending the registered agent and/or re agent and/or the new registered office address		ur records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	338 Montgomery Enter Kissinnee City	G Florida street address	
	Kissinnee	Florida _	34758
	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 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
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Remove
-			[]Add
			□Remove
			□Change

D. II ain	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	·	
		
(If an et Note:	tive date, if other than the date of filing:	(3)(the
If the reco record is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.	
Dated	December 17 2023.	
	Signature of a member or authorized representative of a member	
	Roblito Rios JC Typed or printed name of signee	

Filing Fee: \$25.00