## L23000321803

| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name) |
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| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)            |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)            |
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| Certified Copies Certificates of Status   |
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| Special Instructions to Filing Officer:   |
|   |
| R. 12.07.23 WIO Pg. 3   |
| R. 14.07.23 W10 Pg. 3   |
| _/  |
| <b> </b>  |
| * Articles were undated one   |
| * Articles were updated per<br>article "D"JD 12-14-23                                     |

Office Use Only

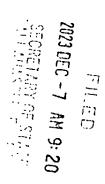
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

| Division of Corp   | porations                                    |   |  |
|--|--|---|--|
| SUBJECT: J.A.  |  | ited Liability Company  |  |
| The enclosed Articles of a                                 | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return all correspon                                | ndence concerning this matter                | to the following:   |  |
|  | J.A. B                                       | Portila  Name of Person  Colla Transport  Firm/Company  | + L.L.C  |
|  | 5628 (he                                     | + Dr<br>Address   | <del></del>  |
|  | 1 <u> </u>                                   | 32818 City/State and Zip Code  O @ J Bon 1104 roc Kip o be used for future annual report noti | ng Com   |
| For further information co                                 | oncerning this matter, please ca             |   |  |
| JEFFREY P<br>Name of                                       | DOOT IA<br>Person                            | at (Q17) 704 ~<br>Area Code Daytim  | GIGU<br>c Telephone Number   |
| Enclosed is a check for th                                 | e following amount:                          |   |  |
| □ \$25.00 Filing Fee                                       | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)                              | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of Co P.O. Box 632 | ection<br>orporations                        | Street Address:<br>Registration Sec<br>Division of Cor<br>The Centre of T                     | porations  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF OF OF

| 10 Parking Transport  | y as it now appears on our records.)                            |
|---|---|
| (Name of the Limited Liability Compar<br>(A Florida Limited L   | ty as it now appears on our records.) iability Company)         |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L23000321603</u> .    | were filed on $\frac{7/06/2023}{}$ and assigned                 |
| 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   | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |
| (Principal office address MUST BE A STREET ADDRESS)   |   |
|   |   |
| 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                                    |
|   | , Florida   |

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 |
|--------------|-----------------|-----------------------------------|----------------|
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| (If an effec<br>Note: If    | e date, if other than the contive date is listed, the date must the date inserted in this bloom's effective date on the Departs of the date on the Departs of the date of the | be specific and cannot b<br>ck does not meet the | applicable statutory   | g or more than 90<br>filing requiren | (optional)  I days after filing.) Pursuant to 605.0207 (inents, this date will not be listed as the |
| he record :<br>ord is filed | specifies a delayed effective<br>f.   | date, but not an effec                           | ctive time, at 12:01   | a.m. on the ear                      | lier of: (b) The 90th day after the   |
| Dated _                     | 12/01/23  | ,  | ·                      |                                      |   |
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Filing Fee: \$25.00