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COVER LETTER

	Registration Sec Division of Corp		:	6	,
SUBJEC	T: Sive		TRANS DORTATION ited Liability Company	uc	
					2023
The enclo	osed Articles of A	amendment and fee(s) are sub-	mitted for filing.		2023 CCT 13
Please ret	turn all correspon	dence concerning this matter	to the following:		$\frac{1}{\omega}$
		Ellita B	Slack Name of Person		PH 2: 18
		Sive Burn	2019hs Transpo	Rtation W	
			Ding Cleek DR Address		
		Jack Sonu ellitablack	ille FL 30018 City/State and Zip Code No Be used for future annual report notifi	ication)	
For furthe	er information co	ncerning this matter, please ca		,	
Ell	ita Blander	ACIC Person	at (<u>904</u>) <u>508-4</u> Area Code Daytime	FONG Telephone Number	
Enclosed	is a check for the	following amount:			
₹ \$ 25.0	90 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy i	Status &
	Mailing Address Registration Se		Street Address: Registration Sec	tion	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 4 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

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>	<u>Address</u>	Type of Action
map	Ellita Black	16032 Daving Creek De	□Add
		16032 Daving Creek De Jax, FL 35218 904-508-4079	Remove
		904-508-4019	□Change
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record specifies a delayed e d is filed.					90th day after the
Paled October	10	2023			
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