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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: YALLAHS TRANSPORT LLC					
Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
RIDLEY MCKENZIE Name of Person					
YALLAHS TRANSPORT LLC					
5107 CARIBBEAN BLVD. APT#128					
WEST PALM BEACH FL 33407					
Yallahetransport IIC @ gmail.com E-mail address: (to be used for future agricul report notification)					
For further information concerning this matter, please call:					
Ridley McKenzie at 909 747 8719 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
S25.00 Filing Fee S S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Address: Registration Section Street Address: Registration Section					
Registration Section Registration Section Division of Corporations Division of Corporations					
P.O. Box 6327 The Centre of Tallahassec					
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALLAHS TRANSPORT LLC
(Same of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(//-		λ,	+ 2020	11
The Articles of Organization for this Limited Liability	у Сопфану ч	ere filed on <u>#11</u>	inusi ou mu	and assigned
Florida document number 123000407506	<u> </u>		J	
This amendment is submitted to amend the following	ŗ			
A. If amending name, enter the new name of the li	limited Jiabili	ty company her	<u>e</u> :	
The new name must be distinguishable and comain the words "L	Limited Liability	Company," the des	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
		_		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	1			
B. If amending the registered agent and/or registe agent and/or the new registered office address here		dress on our rec	ords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
The state of the s		Enter Florid	street address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature. If changing Registe				
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete pe l agent as pro ered office ac	rformance of m wided for in Ch	y duties, and I a apter 605, F.S. C	n familiar with and Fr, if this document is

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

Title	Name	Address	Type of Action
MGB	Ridley Mckenzie	5107 Caribbean Blvd.,	(DA4d
		· · · · · · · · · · · · · · · · · · ·	X Remove
		West Palm Beach, FI 324	O Change
			DAdd
			CRemove
			Change
			□Add
			□Remove
			Change
			□Remove
			Change
			DAdd
			DRemove
			OChange
			(DAdd
			DRemove
			Change

D. If amending any other information, enter change(s) here: (Attach additional)	u sneets, if necessary.)
	·
	·
	····
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing re document's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuam to 605.0207 (3)(b quirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t record is filed.	he earlier of: (b) The 90th day after the
Dated 10/13/23	
- training	
signature of a memory of audiorized representative of a	
12: d Cy UtCG2, 7-2 Typed or printed name of signee	<u> </u>

Filing Fee: \$25.00