L23000432858

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2029 OCT 17 PM 3: 05

COVER LETTER

TRANSPOR	RTATION ADVENTURE L.L.	С	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	IVAN GONZALEZ		
	<u> </u>	Name of Person	
	TRANSPORTATION ADV	VENTURE LLC	
		Firm/Company	
	15049 SW 8TH TERR		
		Address	
	MIAMI, FLORIDA, 3319-	4	
		City/State and Zip Code	
	roselemerald@gmail.com		
	E-mail address: (t	o be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	ill:	
IVAN GONZALEZ		504 6182118	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following 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)

TO:

Registration Section Division of Corporations

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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

(Name of the Limited Liability Company as it now appears on our records.)

FILED

TRANSPORTATION ADVENTURE LLC

2023 OCT 17 PM 3: 05

	(A Procide Entitled Glability Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited	Liability Company were filed on $\frac{09/1}{2}$	8/2023 and assigned
Florida document number L23000432858	_ ·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: <i>(Mailing address MAY BE A POST OFFICI</i>	 E BOX)	- .
Muning dualess MAT DE A 1 031 01 11CI		
B. If amending the registered agent and/or agent and/or the new registered office addr	C)	cords, enter the name of the new regi
Name of New Registered Agent:	IVAN GONZALEZ	
New Registered Office Address:	15049 SW 8 TH TERR	
-	Enter Flori	da street address
	MIAMI	Florida <u>33194</u>
	Сіцу	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

Inangar

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
			DAdd
			□Remove
			□Change
			
			□Remove
			Change
		·	
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			□Remove
			□Change

Effective date, if other than the date of filing: (Optional) If an effective date is fined, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 it More: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. the record 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 cord is filled. Dated OCTOBER 12 2023 Signature of a member or authorized representative of a member							
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	Si	gnature of a mem	her or authorized r	epresentative of a me	mber		-

Filing Fee: \$25.00