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(((H23000366924 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNION CARRIER SERVICES

Account Number : I20230000157 Phone : (305)392-1035 Fax Number : (786)401-7453

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	(Ad Fishillo, Commission of	
(.vaine of the Man)	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited I Florida document number L23000457650	liability Company were filed on 10/04/2023	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company." the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:		_
Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or i	registered office address on our records, enter the nam	e of the new register
agent and/or the new registered office addre	ss here:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Name of New Registered Agent:	ARLEN G RIZO OSEGUEDA	
		3
New Registered Office Address:	Enter Florida street address	7
	, Florida	
	City Registered Avent:	Zip Code) د

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

no all mislag hant agent

____ □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

Title	Name	Address	Type of Action
AMBR	ARLEN G RIZO OSEGUEDA	20600 NW 33RD AVE	≅ Add
		MIAMI GARDENS, FL 33056	
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			[]Remove
			□ Change
			①Add
			🗆 Remove
			□ Change
			🗀 Remove
			□Change
			DAdd
			□Remove

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fective date, if other than the conflictive date is listed, the date must other. If the date inserted in this bloom that the country is effective date on the Day	date of filing: be specific and cannot be prior to ck does not meet the applicab partment of State's records.	e statutory thing requirem	ents, this date will not be listed as
ecord specifies a delayed effective	date, but not an effective time	e, at 12:01 a.m. on the earl	ter of: (b) The 90th day after the
ecord specifies a delayed effective is filed. OCTOBER 18	date, but not an effective time	r, at 12:01 a.m. on the earl	ier of: (b) I he 90th day after the
ecord specifies a delayed effective is filed. 10 OCTOBER 18			

Filing Fee: \$25.00