L23000536824

(Re	equestor's Name))
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eribires	Tramitax U	SA LLC			
SUBJECT	l:	Name of Lim	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please retu	ım all correspo	ondence concerning this matter	to the following:		
		Dunia M Pinto			
			Name of Person		
		Tramitax USA LLC			
			Firm Company		
		2484 SW 10th ST APT 1			
			Address		
		Miami, FL 33135			
			City/State and Zip Code		
		tramitaxusa@gmail.com	to be used for future annual r	swort notification)	
For further	information c	oncerning this matter, please c		,	
Dunia M I	Pinto		305 505	5-4675	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed i	s 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 encl	Certificate of Status &	~
	lailing Addres		Street Ad	Idress: ation Section	
	ivision of C		-	n of Corporations	
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P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tramitax USA (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/04/2023 and assigned Florida document number <u>L23000536824</u> 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 "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 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 _, Florida <u>__</u>

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

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
AMBR	Sochy C Pinto	2484 SW 10th ST APT 1 Miami FL 33135	. ≡ Adđ
			□Remove
			= Change
AMBR	Dunia M Pinto	6610 NW 41 ST Virginia Gardens FL 33166	
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	date of filing:	al) ing.) Pursuant to 605.0207 ate will not be listed as
record specifies a delayed effective d is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	. 2024	
	Signature of a member of authorized representative of a member	
	Angularity of a memority administrative of a memori	
Dunia M Pinto		

Filing Fee: \$25.00