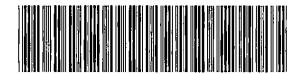
## LZ30005S3094

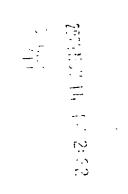
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/Stat <b>e/Z</b> ip/Phone	<del>:</del> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

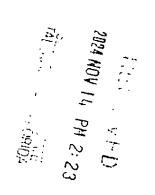




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## **COVER LETTER**

TO:

		istration Sec sion of Corp			
cum irz		TRANSPOL	RT SERVICES MOON LLC		
SUBJEC	↓1; <sub>.</sub>		Name of Limi	ited Liability Company	_
The encl	losed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn	all correspoi	ndence concerning this matter	to the following:	
			JOSE ARACENA CONTR	EERAS	
				Name of Person	<del></del>
				Firm/Company	<u></u>
20900 NE 30 TH AVE, SUITE 861					
				Address	
			AVENTURA, FL 33180		
			TRANSERVIMOON@GM	City/State and Zip Code AllCOM	
			E-mail address: ()	to be used for future annual report notification)	_
For furth	ier in	formation co	oncerning this matter, please ca	ill:	
JOSE A	RAC	ENA CONT	RETASS	786 637-8325	
	<del></del>	Name of	Person	at () Area Code Daytime Telephone Nur	mber
Enclosed	d is a	check for th	e following amount:		
<b>■</b> \$25.	,00 F:	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	00 Filing Fee, ifficate of Status & iffied Copy is enclosed)
		ling Address		Street Address: Registration Section	
	Div	ision of C	orporations	Division of Corporations	
		. Box 632 lahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSPORT SERVICES MOON LLC

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our rec ability Company)	ords.)
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{1.23000553094}{1.23000553094}$ .	vere filed on 12/15/2023	and assigned
This amendment is submitted to amend the following:		
is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  er new principal offices address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  er new mailing address, if applicable:  Inding address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "I	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		• •
Enter new mailing address, if applicable:		<u>r.`</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:  Name of New Registered Agent:	idress on our records, <u>en</u>	ter the name of the new registered
New Registered Office Address:		
	Enter Florida street add	
<del></del>	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·····	Tap VANC
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties rovided for in Chapter 60	, and I am familiar with and 05, F.S. Or, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EDEL M CALABRAN GANGAS	6901 E BROADWAY AVE	
		TAMPA, FL 33619	<b>=</b> Remove
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	<del></del>		□Add
			□Remove
			Change
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			Change
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			□Change

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Effective date, if other than the	date of filir	ng:				(opti	onal)	
Effective date, if other than the If an effective date is listed, the date mus <b>Note:</b> If the date inserted in this bloom	t be specific ar	nd cannot				n 90 days after	filing.) Pur	
document's effective date on the De				ic statutory	rinng requ	nements, un	s date will	not be fisted as
e record specifies a delayed effective ord is filed.	edate, but no	ot an effe	ective time	2, at 12:01	a.m. on the	earlier of: (b	) The 90	oth day after the
NICONATA (INCIDA LA		2024	1					
Dated								

Typed or printed name of signee