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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: 66	Entertainment Name of Lim	and Logistics	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brian Caz	Cer Ct	
	BG Entertuir	rment and Logist	ICS LLC
	1059 SW 2.	Address	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Hallandale	Beach, FL 3300 City/State and Zip Code	9
		100 & gmail Com to be used for future annual report noti	
For further information co	oncerning this matter, please ca		
Brian Caza	ina	at (<u>954)</u> <u>682-</u> Arca Code Daytim	7968
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	· ·		
	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection	Street Address: Registration Sec Division of Cor	
P.O. Box 6327		The Centre of Tallahassee	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	nt and Logist- ility Company as it now applears of ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on <u>Fe b</u>	5. 20 , 2024 and assigned
Florida document number <u>L240000 79659</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
RGB Transport Serv The new name must be distinguishable and contain the words "L	vices LLC	
The new name must be distinguishable and contain the words "L	imited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		rds, 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
	Cuy	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

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	Roy Ramos	1091 W Fairway Rd.	🗹 Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change

D. If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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gn 1100	
(If an eff <u>Note:</u>	ve date, if other than the date of filing:
If the recor- record is fil	I 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 ed.
Dated	10/23/24
	K-Mero-
	Signature of a mainher or authorized representative of a member

.

Filing Fee: \$25.00

Brian Cazana
Typed or printed name of signee