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(Requestor's Name)	
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(1)	Document Number)	<u> </u>
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COVER LETTER

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SUBJEC1:	UBJECT: Name of Limited Liability Company					
m	Amender of and for any order	aning of the thing				
The enclosed Articles of	Amendment and fee(s) are sub	mated for thing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Edwin Armijo				
		Name of Person				
		Simplex Group Inc				
		Firm/Company				
		7500 NW 52ND ST, Suite 100				
	Address					
		MIAMI FL 33166				
		City/State and Zip Code				
	permits@simplexgroup.net		· · · · · · · · · · · · · · · · · · ·			
	E-mail address: (to be used for future annual report notifi	ication)			
For further information c	oncerning this matter, please c	all:				
SANTOS CRUZ		909 5653808				
Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check for t	he 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)			

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

TO:

Registration Section Division of Corporations

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

	TRANSPORTATION LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Colorida document number	• •	03/26/2024	and assigned
This amendment is submitted to amend the following:	<u></u> .		
_			
A. If amending name, enter the new name of the lim	ited liability company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the des	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
<u> Principal office address MUST BE A STREET ADD F</u>	<u> </u>		
	<u></u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	-		
Mulling uturess MAT BL AT (MIT OF THE BOX)	 -		
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	d office address on our re	cords, <u>enter the nar</u>	ne of the new regis
gent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:			ı
	Enter Florid	la street address	
<u>-</u>		, Florida	
	City		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>	Name	<u>Address</u>	Type of Action
AMBR	DARWIN ARMANDO CRUZ GALINDO	8012 SW 4th PI	
		North Lauderdale, FL 33068	□Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			Change _
			m -
		<u>. </u>	ClChange ,
			□Add
		Remove	
			Change
			🗀 Add
			□ Change

feetive date, if other than the date of filing: (optional)						
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Signature of a member of authorized representative of a member	_	C:	Sagas	_	a member	
		Signa	nure of a member of authoriz	ed representative of a	a memme	
	_		Typed or printed i	name of signee		

Filing Fee: \$25.00