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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of	Corporations		
subject:	TASH HORS	E TRANSPORT LLC Limited Liability Company	
		, , ,	
The enclosed Articles	s of Amendment and fee(s) are	submitted for filing.	
	espondence concerning this ma		
racase return an corre	espondence concerning this ma	nier to the following.	
	Ilia	ana Ruiz MATEO Name of Person	
	F/ns	Sh Horse TRANSport LL	
	8827	W PATTERSON ST	
	+		
	11177	PH F 336.15 City/State and Zip Code	
	Tlacktons	Sport 24(0) 0 coail . A - 1	
	E-mail addre	ess: (to be used for future annual report notification)	
For further information	on concerning this matter, plea	ise call:	
±/:n	na Quiz	at (<u>\$73</u>) <u>454 - 89/8</u> Area Code Daytime Telephone Number	
Nar	me of Person	Area Code Daytime Telephone Number	
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fe	e [] \$30.00 Filing Fee & Certificate of Statu	s Certified Copy Certifica (additional copy is enclosed) Certified	te of Status &
			2024 JUL SECKET
<u>Mailing Ade</u> Registration	dress: on Section	Street Address: Registration Section	
	of Corporations	Division of Corporations	HAS YNY 19
P.O. Box	6327	The Centre of Tallahassee	ගිට ල

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flash Horse TRANSport Lle

(Name of the Limited Liabilit (A Florida	y Company as it now appea	ars on our records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on _	06/21/202	<u>4</u> and assigned
Florida document number <u>L Z 4000</u> 2822 <i>8</i>	<u>L</u> .	,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company h	<u>iere</u> ;	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDR	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered	t office address on our	records enter the nam	e of the new registere
agent and/or the new registered office address here:	office address on our	records, enter the name	t of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	lorida street address	
-		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registere			292
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere	omplete performance o gent as provided for in	of my duties, and I am for Chapter 605, F.S. Or,	ree to comply with the amiliar with and if this document is nated liability
company has been notified in writing of this change.			PH 1: 1
	If Changing Registered :	Agent, Signature of New Reg	zistered 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
AHBR	IliADA Riiz MATEO	8627 W PATTERSON ST Tampa, 11 33615	Z∜∧dd
			□Remove
			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	y.)	
<u> </u>		
		
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	<u>-</u>	
E. Effective date, if other than the date of filing:) g.) Pursuant to 605.0 c will not be fisted	207 (3)(b) l as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Trecord is filed.	he 90th day after t	he
Dated 07/05/2024	2024 JUL STORLI	777
	1 -9 1 -9	S. STER, 3
Signature of a member or authorized representative of a member	SSEE 3	
J/inna Ruiz MATEO Typed or printed name of signec	PH : 10	

Filing Fee: \$25.00