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## **COVER LETTER**



SUBJECT:	TRANSORTATION & TOW		
	Name of Lit	mited Liability Company	
Normal condition of	· Amendment and forted and a	Assistant Con Clina	
	Amendment and fee(s) are su	*	
Please return all correspo	ondence concerning this matte	er to the following:	
	HEIDY RODRIGUEZ		
		Name of Person	
	UNION CARRIER SER	VICES	
		Firm/Company	
	5643 NW 74 AVE		
		Address	
	MIAMI, FL 33166		
		City/State and Zip Code	:
	UNIONCARRIERSERVI	_	
	E-mail address:	(to be used for future annua	l report notification)
For further information of	concerning this matter, please	call:	
HEIDY RODRIGUEZ		305 3°	921035
Name o	of Person	Area Code	Daytime Telephone Number

Mailing Address:

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

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certificate of Status &

Certified Copy (additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAMORA TRANSORTATION & TOWING LLC	es it now appears on our records	
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 06/28/2024	and assigned
Florida document number L24000292167		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
ZAMORA TRANSPORTATION & TOWING LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)		
<del></del>		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	1/4.	
(Mailing address MAY BE A POST OFFICE BOX)	10 6	· · · · · · · · · · · · · · · · · · ·
		J
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	10 /	
	Enter Florida street address	
<del></del>	, Flori	ida
	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 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 Address Type of Action Name Title \_\_\_\_\_ Remove \_\_\_\_\_\_ □Add \_\_\_\_\_ □Change □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change

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Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to a k does not meet the applicable	date of filing or more than 90 de statutory filing requirem	_ (optional) lays after filing.) Pursuant to 605.6 ents, this date will not be listed	0207 (3)( d as the
he record specifies a delayed effective ord is filed.	late, but not an effective time	e, at 12:01 a.m. on the earli	er of: (b) The 90th day after	the
Dated AUGUST 19	2024			
	£ 1.			
Si	gnature of a member or authoriz	red representative of a member	r	
JOSE E ZAMORA	,			
<del> </del>	Typed or printed i	name of signee		

Filing Fee: \$25.00