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2024 AUG 19 PH 4: 30

SECRETARY OF STATE
TANK OF STATE

ALLAHASSEE

2024 AUG 19 PH 4: 28



## COVER LETTER

` **TO**:

TO: Registration Section Division of Corporations	•
SUBJECT: RAY QUALITY TVANS!	oftation enterprises 11c
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Marcos Anto	Onio Zalaya Name of Person
Buy Genality	Transportation enterprises 11c
(1314 Board	Aldress Address
seffner, Fl	3 35 GC   City/State and Zip Code
Marcoshay augi	tycs Q. 9mil. com  (to be used for future annual report notification)
For further information concerning this matter, please	call:
Name of Person	at (813) 813-307-0792  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{\$30.00 Filing Fee & Certificate of Status}\$	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bay awalty Transporta (Name of the Limited Liab) (A Flori	Hoon enter prises	NGILED_
( <u>Name of the Limited Llab</u> (A Flori	ility Company as it now appear da Limited Liability Company)	2024 AUG 19 PM 1-00
The Articles of Organization for this Limited Liability Florida document number 124000 347703	Company were filed on $\frac{O_2^2}{C}$	TALLAHASSEE. FL
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Li	imited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
( <u>Principal office address MUST BE A STREET ADD</u>	ORESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our re :	cords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Flori	da street address
	- C-	, Florida
	City	Zip Cocle

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MUR	Marcos Zelalya	60215 Bluchdlary Rd	[]Add
		Seffrer, Fl, 33584	□Remove
			□Change
AMBR	Marcos Zelaya	V215 Blackdlary Rd	PAdd
		Seffner, Fl, 33584	□Remove
			☐ Change
			□Add
			□Remove
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			🗆 Add
			□Remove
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			□Change
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ective date, if other than the date of filing:	_		
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