L24000355175

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SECRETARY OF STATE

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COVER LETTER

Div	ision of Corp	orations					
	MIAMI US	TRANSPORT SERVICES L	LC				
SUBJECT:	Name of Limited Liability Company						
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		DIEGO TORIBIO					
			Name of Person				
		MIAMI US TRANSPORT	SERVICE LLC				
			Firm/Company				
		6808 NW 179TH ST APT	303				
			Address				
		HIALEAH, FL 33015			SE(202	
			City/State and Zip Code		SECRETARY OF STATE TALLAHASSEE, FL	NON #	
		E-mail address: (to be used for future annual report no	tification)	ARY HAS	19	
For further is	nformation co	ncerning this matter, please c	all:		SER	НЗ	
DIEGO TO	RIBIO		786 626-6766		STA1 E, FL	9: 1	
_	Name of	Person		me Telephone Number		0	
Enclosed is a	a check for the	e following amount:					
□ \$25.00 I	Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &		
Ma	iling Address	<u>:</u>	Street Address:				

TO:

Registration Section

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

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

MIAMI US TRANSPOR	RT SERVICES LLC	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records ed Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability Compa	any were filed on 08/13/2024	and assigned
Florida document number L24000355175		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		202 SE
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		2024 HOV 119 SECRETARY TALLAHAR
		HVES 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	,(· · ·
agent and or the new registered other duaress here.		ATE O
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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

<u>Title</u>	Name	Address	Type of Action
AMBR	YADER A. GUTIERREZ	17910 SW 146TH CT	
		MIAMI, FL 33177	□Remove
			Change
			□Add
			□Remove
			□Change
			SEGRETIANS OF BULLAHRENSSE
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		11/14/2024 (antional)	Ш
(If an eff	ive date, if other than the date of filing fective date is listed, the date must be specific and	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605.0207 (3)(b)
Note:	If the date inserted in this block does not ment's effective date on the Department of S	neet the applicable statutory filing requirements, this date will not be	listed as the
400411			
If the recor		an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter the
	11/14	2024	
Dated			
		•	
	Signature of a n	nember or authorized representative of a member	-
		DIEGO TORIBIO	
		Typed or printed name of signer	-

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00