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(Re	questor's Name)	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

ст: <u>И</u> Д	& SONS TRANSF	port LLC			
	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub indence concerning this matter	•			
	CA	Name of Person			
		Name of Person			
		Colle			
		Firm/Company			
	5>	SW 69HN ST Aphodo Address	۷,2		
		Haleah, FL 330 City/State and Zip Code		2024 I SEC: T.F.	يو، وي
	Cnamichaul.	25Damail com		RET NOV	1
	E-mail address: (os Samail, com to be used for future annual report notif	lication)	至三	*
arther information e	oncerning this matter, please ca	all:		2024 NOV 13 PH 8: 27 SECRETARY OF STATE TALLAHASSEE, FL	IT
CAN(s	os Mantin Person	at (305) 409 4 Area Code Daytime	1365 e Telephone Number	3: 27 STATE FL	-
osed is a check for th	ne 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 Certificate of Certified Cop (additional copy	`Status & oy	

Mailing Address:

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

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

MAG SONS TRANSPE	DRT CLC	
MA & SONS TRANS PE (Name of the Limited Liability C (A Florida Lin	Company as it now appears on nited Liability Company)	our records.)
ticles of Organization for this Limited Liability Com document number <u>Lay 40003 + 8081</u>	pany were filed on <u>08/</u>	38/3034 and assigned
mendment is submitted to amend the following:		
amending name, enter the new name of the limited	l liability company here:	
w name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
new principal offices address, if applicable:		
cipal office address MUST BE A STREET ADDRES	<u> </u>	
r new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered of and/or the new registered office address here: Name of New Registered Agent:	Flice address on our recor	SECRETARY 13 Prestered STATE TALLAHAS new rogistered ds, enter the name of the new rogistered
New Registered Office Address:		
	Enter Florida s	treet address
	City	, Florida Zip Code
	A. a.g.w	rap code

v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability in any has been notified in writing of this change.

Manager Authorized Member		
<u>Name</u>	Address	Type of Action
CARLOS alaitin	STSW 69th ST Apto 2003	□Add
	575w 69th ST Approzes Hialeah, Fl 33014	□Remove
	AHBR	DChange
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nending any other information, enter change(s) here: (Attach additiona	• • •
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(AMBR) CARLOS MARKIW.	
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tive date, if other than the date of filing:	(optional) than 90 days after filing.) Pursuant to 605,0207 (3)(b) quirements, this date will not be listed as the
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on tiled.	he earlier of: (b) The 90th day after the
N/A N/A	
tallo	
Signature of a member or authorized representative of a	member
CANLOS al ANTIN	
Tyred or printed name of signer	