L24000421746

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
EB & M. T SUBJECT:	RANSPORT LLC		
30bJEC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
r tease retain an correspo	macine concerning this matter	to the following.	
	ALICIA MUSA		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	MUSAS ACCOUNTING	SERVICES INC	
		Firm/Company	
	24821 SOUTH DIXIE HW	/Υ	
		Address	
	HOMESTEAD, FL 33032		
		City/State and Zip Code	
	ANA@MUSASACCOUNT		
For further information c	e-mail address: (oncerning this matter, please c	to be used for future annual report no	stitication)
	onesting mis manor, prouse o		
ALICIA MUSA		305 4337140 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	-	The Centre of	•
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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EB & M. TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{09/30/2024}{2}$ Florida document number L24000421746 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___

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.

City

If Changing Registered Agent, Signature of New Registered 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>	Address	Type of Action
MGR ———	ELVIN F. MOREIRA	14520 SW 85TH ST MIAMI, FL 33183	≘ Add
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			□Change
			🗖 Add
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effective date, if other that effective date is listed, the da	ate must be specific and ca	annot be prior to da			filing.) Purs		
e: If the date inserted in ument's effective date on			statutory ming re	quirements, this	date will	not be its	tea :
cord specifies a delayed e i filed.	ffective date, but not a	n effective time,	at 12:01 a.m. on	he earlier of: (b) The 90t	h day afte	er th
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		5					
	Signatury of a nu	ember or authorized	d representative of	nember .			