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	Zachery Mitchell (Need to be listed as Athricad rep.)
	(863) 335-2665
	313 Ruby Lake 100P
<u> </u>	Winter Haven, FL, 33884
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	11a Transport	LLC	
	Name of Lim	nited Liability Company	
The analogad Assistance	Amondment and foots are sub-	united for filing	
1	Amendment and fee(s) are sub	-	
Please return all correspo	indence concerning this matter	to the following:	
	Zachery	Name of Person	
		Name of Person	
	Gostla	Transport LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	313 Ruby 1	lake loop	
		Address	
	Winte	er Mayen, Fr., 33884 City/State and Zip Code	
	71.000 14	1. 11 2 2 6 Mar. 1 1 10	
	E-mail address: ((to be used for future annual report notification)	ခ ခ
For further information c	oncerning this matter, please c	all:	TOTAL TIEC -3 PM 4: 11
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Name o	f Person	Area Code Daytime Telephone Number	÷ € €
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Enclosed is a check for the	<u> </u>		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Addres	···	Street Address:	
Registration S	Section	Registration Section	
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	
r.O. Dox 032	. r	the Centre of Tahanassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Florida document number 12400.44332 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 reg agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

Gonla

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.

15. hanging 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>	Name	Address 1	ype of Action
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ne record s ord is filed		effective date, but no	ot an effective	e time, at 12:01 a	i.m. on the earlie	er of: (b) The 90i	th day after the
Dated 1	no vember	25th	702	<u>L</u> .			
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	Zaling.	. Attack Signature of:	a member or an	thorized represent	ative of a member		