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COVER LETTER

TO: Registration S Division of Co	progrations		
SUBJECT:	Ja Lachie Name of Lin	nited Liability Company	artation Services LLC
The enclosed Articles o	f Amendment and fec(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		line Comzalez.	·
	161	adies Magicalti	consportation Services
	1925 %	phool Ct Address	· <u> · · · · · · · · · · · · · · ·</u>
	TE-mail address:	City/State and Zip Code Call At War City/Call (to be used for further annual report not	ification)
For further information	concerning this matter, please c	all:	
JCICKE// Name o	ne Conzalez	at (<u>C//7</u>) <u>2/70</u> Arca Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
取 S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)

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

I6 Ladies	Magical Ti	ansportation Serice LLC
Name of the Limited Liability Co (A Florida Lim	ompany as it now appears ited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Comp		10/29/24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Colored Mare The new name must be distinguishable and contain the words "Limited L."	gical Transp	cortation Services LLC
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		5
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our red	cords, enter the name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florid	la street address
		, Florida
	City	, Florida 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 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>	Name	Address	Type of Action
			DAdd
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00