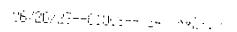
La500083194

(Requestor's Name)
(Address)
, , ,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Harne)
(Document Number)
Certified Copies Certificates of Status
Г : - <u>-</u>
Special Instructions to Filing Officer:
<u> </u>





900452914589



2025 JUN 20 PY 12: 2



COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: The Transporter	ction LLC
Name of Limited	I Liability Company
The enclosed Articles of Amendment and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to	the following:
	-
Joanas	Name of Person
	Name of Person
	Firm/Company
	112 And 22 217
<u> </u>	1 My Apt 3317 Address
- Pau Spe	City/State and Zip Code
	e used for future annual report notification)
E-mail address: (to f	e used for future annual report notification)
For further information concerning this matter, please call:	
Januar Division Accets	1511 110 - 97 04
Youndy Mivero Acosta Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

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

MA Transpor	Company as it now appears on our imited Liability Company)			
(<u>Name of the Limited Liablity</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Cor	mpany were filed onOz \\	8/2025	_ and assig	gned
Florida document number <u>\ 2500 0083 \9\</u>	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite				
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designatio	on "LLC" or the abbrev	riation "L.L.	.C."
Enter new principal offices address, if applicable:		۰۰۰ بندر مراجع]25]	
(Principal office address MUST BE A STREET ADDRE	ESS)			¥ -
			20	
			72	. 4 +
Enter new mailing address, if applicable:			72:	;
(Mailing address MAY BE A POST OFFICE BOX)			22	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records,	enter the name of	f the new	registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street	t address		
		, Florida		
	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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

				_		_
						
			. <u> </u>			
						_
		<u> </u>				_
						_
					<u></u> <u>-</u> <u>-</u>	
						_
						_
					·	
						_
			<u>.</u>			_
						_
						_
						_
ective date, if other the effective date is listed, the e: If the date inserted is ument's effective date of the effective date of t	date must be specific a n this block does not	and cannot be prior to t meet the applical			r filing.) Pursuant to 60	
cord specifies a delayed a filed.	effective date, but n	ot an effective tim	ne, at 12:01 a.m. o	n the earlier of: (b	o) The 90th day af	ter the
ed 06/12/202	.5	-· -	 ·			
	Ha	wit.				
	Signature of	a member of author	ized representative o	l'a member		
	,	,	Thivero			