## L19000090613

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duningna Entity Marra)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co		÷	•		
	N TRANSPORTATION LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	1.4	OUIS RODRIGUEZ			
		Name of Person			
	PROTE	RAN TRANSPORTATION LLC			
		Firm Company			
6303 BLUE LAGOON DR SUITE 335					
		Address			
		MIAMI FL 33126	2021		
		City/State and Zip Code			
		IS.RODRIGUEZ@PROTRAN.US	, , , , , ,		
	E-mail address: (	to be used for future annual report not	fication)		
For further information	concerning this matter, please ca	all:			
LOUIS RO	ODRIGUEZ	786 527-4436	[.] (a) (b)		
Name	of Petson		ne Telephone Number		
Enclosed is a check for	the following amount:				
□ S25.00 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 Addre Registration		<u>Street Address:</u> Registration Se	ction		
	Corporations	Division of Cor			
P.O. Box 63	27	The Centre of T	Tallahassee		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOLLARD AND TO AND DOLLARD TATIONAL LAND

	NSCORTATION LLC				
(Name of the Limited Liability Cor (A Florida Limit	ed Liability Company)	s on our records,)			
the Articles of Organization for this Limited Liability Compa lorida document numberL19000090613	nny were filed on	4/04/2019	an	d assigne	d
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited l	iability company ho	e <u>re</u> :			
he new name must be distinguishable and contain the words "Limited L.	iability Company," the d	esignation "LLC" or the a	bbreviatic	on "L.L.C."	<del>, -</del> -
nter new principal offices address, if applicable:			<u>.                                    </u>		
Principal office address MUST BE A STREET ADDRESS,	<u></u>			<u> </u>	
					•
			[ -		•
ntar new mailing address if applicables				(C)	
Enter new mailing address, if applicable:					
failing address MAY BE A POST OFFICE BOX)	<del></del>			150	1
			···		
				Q,	
. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our r	ecords, <u>enter the nan</u>	ne of the	e new reg	ZISLE
ent and of the new registered white address here.					
AL CALL DO LA LA					
Name of New Registered Agent:				<del>-</del>	
New Registered Office Address:					
	Enter Flor	ida street address			
		Florida			
	City			Cada	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	BERNARDO EGUSQUIZA	6303 BLUE LAGOON DR SUITE 335	<b>≡</b> Add
		MIAMI, FLORIDA 33126	□Remove
			□ Change
AMBR	ROBERTO ORTEGA	6303 BLUE LAGOON DR SUITE 335	— Add
		MIAMI, FLORIDA 33126	⊒Remove
			☐ Change
			□Remove :
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effective da <u>e:</u> If the d	e, if other than the is listed, the date date inserted in thi (Tective date on th	must be specific an s block does not (	d cannot be prior meet the applica	ible statutory	or more than 90 of filing requirem	(optiona lays after filir ents, this da	ig.) Pursua	int to 605.0 t be fisted
cord speci-	fies a delayed effe	etive date, but no	t an effective ti	me, at 12:01 a	in, on the earli	er of: (b) = <sup>7</sup>	The 90th	day after t
ed	JULY 20	10	$\frac{2021}{2021}$	- 0	7			
		TOUS	/ 100 av	wyne	ative of a member			

Filing Fee: \$25.00