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SECRETARY OF STATE UNVISION OF CORPORATIONS

T. MATTHEWS APR 2 2 2022

COVER LETTER

TO:	Registration Se Division of Cor			
enib ii	ECT:	Protran Transportation LL	С	
30141	BC1,	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Louis Rodriguez		
			Name of Person	
		Protran Transportation LL	С	
			Firm/Company	
		6303 Blue Lagoon Dr. Sui	ite 335	
			Address	 _
		Miami, Florida 33126		
		apria ya .	City/State and Zip Code	
		Louis.rodriguez@protran.us	to be used for future annual report not	(firsting)
For fu	rther information c	oncerning this matter, please co	·	meations
Louis	Rodriguez		786 527-4436 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$ 2	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		<u>Street Address:</u> Registration Se	ction

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF STATE OF ST **OF**

22 APR -8 PM 2: 23

Protran Transportation 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 Compa	any were filed on 4/04/2	2019	and assigned
Florida document number L19000090613			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here	:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the desig	gnation "LLC" or the a	bbreviation "L.L.C."
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)		<u></u>	
B. If amending the registered agent and/or registered offi	ce address on our reco	ords, <u>enter the nar</u>	ne of the new registere
agent and/or the new registered office address here:			
Name of State Basic and Land			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	i street address	
		, Florida _	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		

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>	<u>Address</u>	Type of Action
Ambr	Roberto Ortega	6303 Blue Lagoon Dr. suite 335	□Add
		Miami. Florida 33126	■Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
		 	□Change
			□Add
			Remove
			□Change
			🗀 Add
			□Remove
			□Change
			D∆dd
		-	□Remove
			□Change

(If an effective date, if other than the date of filing:
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated April 1st 2022
Signature of a member or authorized representative of a member
Louis Rodriguez

Filing Fee: \$25.00

Typed or printed name of signee