

L13000051595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureh FEB 13 2014.

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Carrier Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sahily Jiran
Name of Person

Professional Carrier Services LLC
Firm/Company

9076 NW 113 ST
Address

Hialeah Gardens, FL 33018
City/State and Zip Code

splasencia15@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sahily Jiran at (786) 447-7514
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Professional Carrier Services LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on July 1, 2013 and assigned
Florida document number L13000051595.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9076 NW 113 ST
Hialeah Gardens, FL
33018

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9076 NW 113 ST
Hialeah Gardens, FL
33018

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sahily Jiron

New Registered Office Address:

9076 NW 113 ST

Enter Florida street address

Hialeah Gardens, Florida 33018
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.

Sahily Jiron
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Juan Jose Arteaga	4548 NW 185 ST	<input type="checkbox"/> Add
		Miami Gardens, FL	<input checked="" type="checkbox"/> Remove
		33055	
AMBR	Yliana Barreto	4548 NW 185 ST	<input type="checkbox"/> Add
		Miami Gardens, FL	<input checked="" type="checkbox"/> Remove
		33055	
MGR	Sahily Jiron	9076 NW 113 ST	<input checked="" type="checkbox"/> Add
		Hialeah Gardens, FL	<input type="checkbox"/> Remove
		33018	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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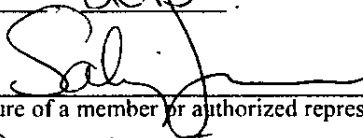
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- D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 3 2013



Signature of a member or authorized representative of a member

Sahily Tiron

Typed or printed name of signee

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Filing Fee: \$25.00

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