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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Finesse Logistics	LLC	
SOBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Talia	Name of Person	
		Logistics L(C	·····
		ghway Suite 201 Address	
		n Bod, Fl. 33408 City/State and Zip Code	
	10(0 a) 5	teath transportageoup obe used for future annual report n	am
-	E-mail address: (t	o be used for future annual report n	otification)
For further information conce	erning this matter, please ca	ill:	
Talia En	3eV2 rson	at (<u>561</u>) <u>808- (</u> Area Code Days	577 time Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$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 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
Tatlahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Finesse logistics UC		
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company value of Organization for Organization	were filed on 4-18-2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil PREMIER TRANSPORT GROUP LLC The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		•
(Frincipui office uddress MUST BE A STREET ADDRESS)	700g/ 101/1/50 / 1. 3	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter</u> E:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	PN 2: 06
	, 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 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 = M $AMBR = A$	lanager Luthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		···	☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			A dd
			Remove Change
			□ Change
			Remove
			Change
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			Add
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☐ Change

Effective date, if other than the date of filing: Table			_
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Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated Signature of a number or authorized representative of a member		my my my my	
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Filing Fee: \$25.00