(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	-
(Business Entity Name)	
(Document Number)	
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May 1, 2017

JEREMIAH RICHARD, SR 632 ALPINE STREET ALTAMONTE SPRINGS, FL 32701 US

SUBJECT: PROFESSIONAL TRANSPORT ENTERPRISES LLC

Ref. Number: L14000112390

We have received your document for PROFESSIONAL TRANSPORT ENTERPRISES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 617A00008502

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Professional Transport Enterprises, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3/28/2017 and assign	ed
Florida document number L14000112390		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Professional Shine, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C	."
Enter new principal offices address, if applicable:	632 Alpine Street	
Principal office address MUST BE A STREET ADDRESS)	Altamonte Springs, FL 32701	
Enter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BOX)	<b>7</b>	
	\$4.5 PO	,
3. If amending the registered agent and/or registered of	ffice address on our records, enter the name of	the no
egistered agent and/or the new registered office address her	<u>e:</u>	•
	(F)	
Name of New Registered Agent:	<u>,                                     </u>	
New Registered Office Address:		
	Enter Florida street address	. —
	, Florida	
	City Zin 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 = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing:		(optional)	
n effective date is listed, the date must be specific and cannot be prior to date:  If the date inserted in this block does not meet the applicable states.	e of filing or more than statutory filing requir	90 days after filing.) Pursu ements, this date will n	ant to 605.020 ot be listed a
cument's effective date on the Department of State's records.		•	
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, a	t 12:01 a.m. on th	e earlier o
the soch day after the record is med.			
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