L14000112390

(Requestor's Name)
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(City/State/Zip/Phone #)
(Only Grate/Liph Horie II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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9/11/21

COVER LETTER

Division of Cor		,			
	d Transport Enterprise, LLC	•			
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	-			
	Jeremiah Richard. Sr				
		Name of Person			
	Professional Transport Ent	terprise, LLC			
		Firm/Company	,	ـــــــــــــــــــــــــــــــــــــ	202
	2227 Wekiva Village Land	2		ONE.	1- 1 L_ 2021 SEP -7
		Address			<u>-</u> 7
	Apopka, FL 32703			SO E	7
	Professionalj2u@gmail.con	City/State and Zip Code		STATE	PH 2: 12
	E-mail address: (to be used for future annual	report notification)		
For further information of	oncerning this matter, please c	all:			
Jeremiah Richard, Ss		407 929 at ()	0-8323		
Name o	f Person	Area Code	Daytime Telephon	e Number	-
Enclosed is a check for the	he following amount:				
□X \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	closed)	560.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
Mailing Address		Street A	ddress: ation Section		
Registration S Division of C		_	ation Section on of Corporation	S	
P.O. Box 632	•	The Ce	ntre of Tallahass	ee	

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L14000112390}{L14000112390}$.	were filed on 07/16/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Professional Transport Enterprises, LLC		s 25
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
Enter new principal offices address, if applicable:	2227 Wekiva Village Lane	SEP T
(Principal office address MUST BE A STREET ADDRESS)	Apopka, FL 32703	
		SSEE S
Enter new mailing address, if applicable:	2227 Wekiva Village Lane	2: 12 STATE E. FL
Mailing address MAY BE A POST OFFICE BOX)	Apopka, FL 32703	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	r . r	
	Enter Florida street address	
	, Flo	orida 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 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>	Address	Type of Action
			□Add
			□Remove
			□ Change
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			ORE JARY OF STATE SEE, FL
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			Remove
			□ Change

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cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	rlier of: (b) The S	Oth day after t
is filed.	meror (b) The	our day arter d
ated AUGUST, 30 . 2021.		
Signature of a member or authorized representative of a mem		
Signature of a member or authorized representative of a mem		<u> </u>

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