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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Professional Transport Enterprises, 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:	
Jeremiah Richard, Sr. Name of Person	
Professional Transport Enterprises, LCC Firm/Company	
567 Majestic Way	
Altamonte Springs, FL 32714 City/State and Zip Code	
E-mail address: (10 be used for future annual report notification)	
For further information concerning this matter, please call:	
Jerimiah Richard, Sr. at (407) 920-8323 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Professional Ir	2022 JUL 27 PM 12: 48 A Florida Limited Liability Company) A Florida Limited Liability Company)
(Name of the Limite	A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on 08/01/2014 and assigned
Florida document number <u>L 14000/12.</u>	
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:
(Principal office address MUST BE A STREET	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	30X)
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered</u> s here:
Name of New Registered Agent:	Jeremiah Richard, Sr.
New Registered Office Address:	567 Majestic Way Inter Florida street address
	Jeremiah Richard, Sr. 567 Majestic Way Inter Florida street address Altamonte Springs Florida 32714 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 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
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