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Division of Cor	porations	
SUBJECT:	Proton Fumigation - Name of Limited Liability Compaly	transport LLC
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence concerning this matter to the following:	
	Ricardo Diaz Name of Person	
	Proton Fumigation Firm/Company	transport LLC
	12556 NW 11 Lane	<u>e</u>
	City/State and Zip Code Codon funique to the E-mail address: (to be used for future annual report notified)	Q att. net 2 = 1
For further information e	oncerning this matter, please call:	PSS F
Ricardo Name o	Diaz at (786) 798 di Person Area Code Daytime	9561 ω e Telephone Number
Enclosed is a check for the	he following 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

Proton	Funiquein	transport LLC
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears of da Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number L1400017 (Company were filed on	1 \
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	- S E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILE D
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	Ciţv	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** AMBR Dal Valle Alvarez □ Add Enfigueta 12355 SW 18 St Apt 108 X Remove Miami FL 33175 - Change AMBR Cardona Diana □ Add 18992 SW 17ct Miramar FL 33029 □ Add ☐ Remove __ Change 河田 当 _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00