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COVER LETTER

Division of Corp			
TRANSPRO SUBJECT:	LOGISTICS, LLC.		
	Name of Limited L	iability Company	
The enclosed Articles of A	amendment and fee(s) are submitte	ed for filing.	
Please return all correspon	dence concerning this matter to the	e following:	
	MARCOS SANCHEZ		
		Name of Person	
	ROLO TRANSPORT, LLC.		
		Firm/Company	
	314 S. FEDERAL HWY.		
	 ()	Address	
	DANIA BEACH, FL 33004		
		ty/State and Zip Code	
	MRCS156@ICLOUD.COM	used for future annual report no	assessant and a second
	·	used for future annual report no	ouncation)
For further information co	ncerning this matter, please call:		
MARCOS SANCHEZ		305 970-4958 at ()	
Name of	Person		ime Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	1 \$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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSPRO LOGISTICS, LLC.	
(Name of the Limited Liab (A Flori	pility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on JANUARY 9TH, 2018 and assigned
Florida document number L18000007936	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
ROLO TRANSPORT, LLC.	7 to 18
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
• • •	DRECC)
Principal office address MUST BE A STREET ADL	OKESS)
	1 5 S
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	gistered office address on our records, enter the name of the
registered agent and/or the new registered office ad	<u>ldress here</u> :
Name of New Registered Agent:	
Name Basistand Office Address	
New Registered Office Address:	Enter Florida street address
	, Florida
	1.07 Z.D COOP

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 =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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ective date, if other than the date of effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	does not meet the app	plicable statutory	or more than 90 days filing requirements.	optional) after filing.) Pursuant to 605.02 this date will not be listed
record specifies a delayed e he 90th day after the record		not an effecti	ve time, at 12:0	01 a.m. on the earlier
ed	2018	-		

Page 3 of 3

Filing Fee: \$25.00