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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | Registration Sec Division of Corp | | | |
|----------------|--------------------------------------|----------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| arn II. | | ar Transportation LLC | | |
| SUBJEC | T: | Name of Limi | ted Liability Company | |
| The encl | osed Articles of . | Amendment and fee(s) are subr | nitted for filling. | |
| Please re | turn all correspo | ndence concerning this matter t | to the following: | |
| | | Dominique Excell | | |
| | | | Name of Person | |
| | | Pro D & B logistics LLc | | |
| | | | Firm/Company | |
| | | 2844 stirling rd suite H | | |
| | | | Address | |
| | | hollywood Fl 33020 | | |
| | | Greensmithine (@gmail.com | | |
| | | E-mail address: () | to be used for future annual report notifi | cation |
| For furth | er information c | oncerning this matter, please ca | all: | |
| Dominiq | ue Excell | | 561 8807438 at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed | l is a check for th | he following amount: . | | |
| \$25. 8 | 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 tadditional copy is enclosed |
| | \4 .411 | INC AMADEC. | STREET/COURT | FR ADDRESS: |

MAILING ADDRESS:

TO:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| F & G Allstar Transportation LLC | | | | |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|------------------------|----------|
| (Name of the Lim | ited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited I | iability Company | were filed on 7-28-18 | and ass | signed |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name | of the limited liah | oility company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | ility Company," the designation "LLC" or | the abbreviation "L | .1C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 2844 stirling rd suite H | | |
| | | Hollywood, Fl 33020 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | E BOX) | 2844 stirling rd suite H hollywood, fl 33020 | | |
| B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: | ••• | <u>re</u> : | 2019 SEP X17 KET/ | of the n |
| New Registered Office Address: | 2844 stirling rd | I suite H | | i III |
| them Registered Office Address. | | Enter Florida street address | <u> </u> | |
| | Hollywood | . Florid | a 33020. | |
| | | 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 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------------|---------------------------------------|----------------|
| MGR | Francene Gunter | 8220 cleary blvd apt 2210 | |
| MUK | | | |
| | Plantation, fl 33324 | | |
| | | | Remove |
| | | | ☐ Change |
| | Gregory Gunter | 8220 cleary blvd apt 2210 | Change |
| AMBR | | | |
| | | Plantation, fl 33324 | |
| | | | Remove |
| | | | |
| | 15 17 15 W | 2011 | Change |
| MGR | Dominique Excell | 2844 stirling rd suite H | ■ Add |
| | | hollywood, fl 33020 | A |
| | | | Remove |
| | | | |
| | | <u> </u> | Change |
| AMBR | Bruce Smith | 2844 stirling rd suite H | _ |
| | | hollywood, fl 33020 | Add |
| | | nonywood, ir 55020 | ☐ Remove |
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| Effecti (if an eff | ive date, if other than the date of filing: |
| Note: | If the date inserted in this block does not meet the applicable statutory thing requirements, this date will not be used as t |
| docum | ent's effective date on the Department of State's records. |
| | |
| he red | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of |
|) The | 90th day after the record is filed. |
| | |
| Dated | <u>Sep. 9 2019.</u> |
| Dinea | |
| | |
| | Signature of a member or authorized representative of a member |
| | · |
| | Gregory Gunter |
| | Lyped or printed name of signer |

D. Il amending any other information, enter change(s) here. (Anach adamonal sheets) y here said y h

Page 3 of 3

Filing Fee: \$25.00