L18000182736

(Requestor's Name)	
(Address)	<u> </u>
(Address)	<u> </u>
(City/State/Zip/Phone #)	—
(Business Entity Name)	_
(Document Number)	-
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2019 HAR 25 PM 6: 19

COVER LETTER

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TO:

	Registration Se Division of Cor			
e1:0107	Proven Trai	-		
SUBJEC	,I:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Azamat Dikinov		
			Name of Person	
		Proven Transport LLC		
			Firm/Company	
		2184 NE 167th ST		
			Address	
		North Miami Beach, FL, 3	3162	
		proventransport23@gmail.c		
For furth	er information e	E-mail address: (oncerning this matter, please c	to be used for future annual report (all:	notification)
Azamat	Dikinov		754 202-7460	1
	Name o	f Person	Area Code Day	nime Telephone Number
Enclosed	l is a check for th	e following amount:		
⊡ \$25∂	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section n of Corporations hx 6327 issee, FL 32314	STREET/COL Registration Se Division of Cor Clifton Buildin 2661 Executive Tallanassee, FL	porations g • Center Circle

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

FILED

		2019 MAR 25	PH 6: 19
Proven Transport LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) ability Company)	· · · · · · · · · · · · · · · · · · ·	BBEE.FC
The Articles of Organization for this Limited Liability Company v	were filed on <u>67/31/2018</u>	and assig	gned
Florida document number L18000182736			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LLC" or	the abbreviation "L.L	.C.''
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			. <u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name o	<u>f the new</u>
registered agent and/or the new registered onice address here	•		

Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street addres.	s
	, Fle	orida Zıp 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	Ibraheem Rashid	2411 NW 151st ST, Miami Gardens, FL, 33054	🖬 Add
		·····	Remove
			Change
			🗆 Add
			🗌 Remove
			Change
			Add
			C Remove
			Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			Change
			Add
			Remove
		+ +	Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

		 · · · · · · · · · · · · · · · · · · ·	
<u>**</u>	_,	 	
<u></u>		 	
		 <u></u>	
	•		
tive date, if other than the date of filing: _ fective date is listed, the date must be specific and car		(optional)	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____

2019

Signature of a member of authorized representative of a member

Azamat Dikinov

Typed or printed name of signee

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Filing Fee: \$25.00