L 19000051820

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TO:

TO: Registration Section Division of Corporations					
cus u	r cor.	PROAUTO MIAMI TRANSPO	эт LLC		
SUBJE	EC1;	Name of Limited	Liability Company		
The en	closed Articles of	Amendment and fee(s) are submitt	ted for filing.		
Please	return all correspo	ondence concerning this matter to the	he following:		
		HUGO PELAEZ			
		PROAUTO MIAMI TRANSPOR	Name of Person RT LLC	-	
		13851 SW 139 CT	Firm/Company	•	
		MIAMI FL 33186	Address	201	
		PROAUTOMIAMITRANSPORT	City/State and Zip Code @COMCAST.NET	2019 HAY 2 2019 HAY 2	n .
For fur	ther information c	E-mail address: (to be concerning this matter, please call:	e used for future annual report notification)	3 MH: 25	יני ני
HUGO) PELAEZ		305 772-5836	1: 2:	
	Name o	f Person	Area Code Daytime Telephone Number		
Enclos	ed is a check for the	he following amount:			
☐ \$25.00 Filing Fee			(additional copy is enclosed) Certified	ite of Status &	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

PROAUTO MIAMI TRASNPORT LLC

(Name of the Limited Liability	1	
(A Florida I	ty Company as it now appears on our records.) Llimited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L19000051820	ompany were filed on 02/21/2019 and assigned	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ited liability company here:	
The new name must be distinguishable and contain the words "Limite	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(ESS)	
	019 MAY	
Cartes and a Character of the Cartes of the	10 N	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre	tered office address on our records, <u>enter the name of t</u> ress here:	the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:	
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity. I further agree to comply womplete performance of my duties, and I am familiar with an gent as provided for in Chapter 605, F.S. Or, if this documend office address, I hereby confirm that the limited liability	nd
	If Changing Registered Agent, Signature of New Registered Agent	

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If amending Authorized Person(s) authorized to mana or removed from our records:		to manage, enter the title, name, and address o	f each person being added
MGR = M			
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOVANNA HERNANDEZ	11627 SW 90 ST MIAMI FL 33176	
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