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LALBRITTON

Registration Section **Division of Corporations** Pierrela Transportation LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Pierrela Andre

Name of Person

Pierrela Transportation LC

Firm/Company 13C6 N Manaphia DC West Palm Beach, FL 33401
City/State and Zip Code Pierrola 85 & Yahoo. Com
E-mail address: (to be used for future annual report notification) lerrela Andre at (<u>561</u>) <u>569 - 156 9</u> Area Code <u>Davtime Telephone Number</u>

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

TO:

☐ \$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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ADTICLES OF ODCANIZATION

OF		1977 20	, ` < \
Pierreia Transportation	しし	·c °	5/4 9.
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)	•	— ç ç

The Articles of Organization for this Limited Liability Co	ompany we	ere filed on _	March	7 24	and assigned	.i
Florida document number L20000088257						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ted liabilit	y company l	iere: Ans	dré c So	interprice	<u>ء</u> سا
The new name must be distinguishable and contain the words "Limite	ted Liability	Company," the	designation "LI	.C" or the ab	breviation "L.L.C."	_
Enter new principal offices address, if applicable:	 	7750	OKECC	hober	e RIW S	76
(Principal office address MUST BE A STREET ADDRE	ESS) _	MC3H	Palm	Brac	n, Fl 335	1
Enter new mailing address, if applicable:	_	7750	OK-e-e	CHOPO	? Biva	_ _
(Mailing address MAY BE A POST OFFICE BOX)	_	west	Palm	Beac	M, PU 33	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		r ee ch	obee B	1vid	e of the new reg	
	est F		orida street addr SCACN		33411	
		City	SCACN.I	10110ti	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 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 i 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 afficing Authorized reison(s) authorized to manage, enter the title, name, and address of each or removed from our records: MGR = Manager AMBR = Authorized Member Type of Actio <u>Address</u> **Title** Name Ambr Pierrela, Hindre 7756 Greechobee Blva 9-84 PAdd 1306 N Mangonia DR ZRemove _____ □Change ____ □Remove _____ □Add Remove _____ □Change _____ □Add Remove _____ □Change _____ □Add _____ □Remove _____ □Change _____ □Add □Remove

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•••••••••••••••••••••••••••••••••••••••
	
Note	ctive date, if other than the date of filing:
If the rec record is	ord 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 filed.
Date	1 May 26 7020 2020
	Privila amobil
	Signature of a member or authorized representative of a member
	Premeta Andre Typed or printed name of signee