121000097035

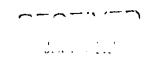
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			

4

Office Use Only 5, C.
07/16/71



100367924051



06/22/21--01009--023 **25.00

COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

PROLIFIC 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: Sonia Becerra Name of Person Swyft Filings Firm/Company 3 Greenway Plaza #1320 Address Houston, TX 77046 City/State and Zip Code filings@swyftfilings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Becerra Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **№** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROLIFIC TRANSPORTATION LLC

(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears of ited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Comp	oany were filed on	03/01/2021	and a	ssigned
Florida document numberL21000097035				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here	;		
The new name must be distinguishable and contain the words "Limited I	Jability Company," the desi	gnation "LLC" or the ab	breviation '	L.L.C."
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
			···	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off	ice address on our rec	orde, ontor thể nam	e of the n	an register
agent and/or the new registered office address here:	ice address on our reco	rus, ener que nam	<u> </u>	tw register
			(-	ï
Name of New Registered Agent:			N. N.	
New Registered Office Address:				· 1
	Enter Florida	street address	:	ر.
		Florida	2	
	City		Zip Cod	le .
New Registered Agent's Signature, if changing Registered Ag				
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent	lete performance of m as provided for in Ch	v duties, and I am fo upter 605, F.S. Or,	amiliar v if this do	vith and cument is
New Registered Agent's Signature, if changing Registered Agent and I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this cap lete performance of m as provided for in Cha	v duties, and I am fo upter 605, F.S. Or,	amiliar v if this do	eith a cume

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
AMBR	CHRIS RHETT	22 SPRINGWOOD SQ	□Add
		PORT ORANGE, FL 32129	Remove
			□Change
AMBR	CHRISTOPHER B. RHETT JR	22 SPRINGWOOD SQ	∑ Add
		PORT ORANGE, FL 32129	□Remove
		□Change	
			□Remove
			□Change
			Add ∷
			☐ Add
			☐Change
			□ Remove
			□Change
			□Add
		□Remove	
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Phrsuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 _ Signature of a member or authorized representative of a member

Filing Fee: \$25.00