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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/19/2021

NAME: PRO SHIPPER LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Division of Corporations
SUBJECT: PRO SHIPPER LLC 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:
Keith Goldfarb
PROSHIPPER Firm/Company
9345 Spanish Moss Rd E
Lake Worth, FL 33467 City/State and Zip Code
Keith@poinedist.com E-mail address: (to be feed for future annual report notification)
For further information concerning this matter, please call:
Keith Gold Farb at (561) 756-2988 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO SHIPPER I	LLC
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	's on our records,)
The Articles of Organization for this Limited Liability Company were filed on	$\frac{7}{15}\frac{3}{3}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	re:
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "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)	
B. If amending the registered agent and/or registered office address on our re	ecords, enter the name of the new registered
agent and/or the new registered office address here:	THE TO
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flori	da street address
City	, Florida

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

<u>Title</u>	Name	Address	Type of Action
<u>President</u>	Keith Goldfarb	9345 Spanish Moss Rd E Lake Worth, FL 33467	OVAdd
			□Remove
			Change
			□ Add
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D. If amending any other	information, enter c	hange(s) here:	(Attach additional s	heets, if necessa	ary.)
					
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Effective date, if other the (If an effective date is listed, the Note: If the date inserted is document's effective date of	it ithis prock does not ill	icci ine applicable	ate of filing or more than statutory filing requi	(optional 90 days after filing rements, this date) g.) Pursuant to 605,0207 (2 g will not be listed as th
he record specifies a delayed ord is filed.	effective date, but not	an effective time,	at 12:01 a.m. on the e	earlier of: (b) T	he 90th day after the
Dated July	Signature of a r	2021.	I representative of a me	mher	-
	Keith	Typed or printed na	Farb	······································	

Filing Fee: \$25.00