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(Re	equestor's Name)	
(Ad	dress)	
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_	☐ WAIT	MAIL
(Bu	siness Entity Name	a)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	JUN 1 4 2022	
		5/27

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COVER LETTER

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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		NEOCIFED
SUBJECT: PZ		ited Liability Company	SECOLO TALLAHA SSEL, FL
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	endence concerning this matter	to the following:	
	Sasha	vie Tyentes Name of Person	
		Firm/Company	
	13140 Ashi	nstan Pointe O	
	<u>Orlan</u>	do FL 328 City/State and Zip Code	24
	E-mail address:	to be used for future annual report noting	fication)
For further information c	oncerning this matter, please c	all:	
Susperie Name o	Fuentes f Person	at (787)222 Area CodeDaytime	- 6497 e Telephone Number
Enclosed is a check for th	ne following amount:		
DSS25.00 Filing Fee	S30.00 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

1. ...

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PZ Transportation LLC

FILED

2022 MAY 27 PM 3:51

TALLAHASSIE, PICE

(Name of the Lamited	A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 12003	L 4
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the new name must be distinguishable and contain the work.	he limited liability company here: ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable of the application	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	Sasharie Fuente
New Registered Office Address:	13140 Ashington Pointe Or Enter Florida street address
	Octando , Florida 32824 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 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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□ Add
			Remove
			Change
		□Add	
		Remove	
			∏ Change

	
	
P. P.C	
Note: If th	date, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
e record spe rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/3 1,2022
	Signature of a member or authorized representative of a member
	(')
	Typed or printed hame of signee

Filing Fee: \$25.00