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TO: Registration Section Division of Corporations
SUBJECT: EMR Peterpan Trucking 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:
ENR Potentian Trucking LLC
Firm/Company
2/
6142 SW 157 Th PL
Address
MANI FL 33193
City/State and Zip Code  Diferban 197636: @ Jahan. Com.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizzek Nonto Regnaldo at (786) 763-9447  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee  \$30.00 Filing Fee  \$

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 ORGANIZATION OF

EMR. Peter	epan	1 RUCKL	ing LL	<u>C</u> .		
(Name of the Limited (A	Kability Compa Florida Limited	any as it now appea Liability Company)	rs on our records.)		<del></del>	
The Articles of Organization for this Limited Liab		were filed on	9/9/21	,	and assi	gned
This amendment is submitted to amend the follow	'ing:					
A. If amending name, enter the new name of the	he limited liab	oility company h	<u>ere</u> :			
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the o	lesignation "LLC" or	the abbrev	riation "L.I.	C.''
Enter new principal offices address, if applicab	le:		<del></del>		彩	
(Principal office address MUST BE A STREET)	ADDRESS)			• •	00	· .
			<u>.</u>		<del>-</del>	
Enter new mailing address, if applicable:					PM 2	. `
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			** <b>\</b>	: 2	
B. If amending the registered agent and/or reg agent and/or the new registered office address l	here:		-			
Name of New Registered Agent:	Else	ZER M	Pontero 7-14 PL	Se	fra	10
New Registered Office Address:	6142	Sw 15	7-16 02			
		Enter Flo	rida street address, Florid		3 <u>3/9</u> Lip Code	93_

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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n effective date is listed, th te: If the date inserted	than the date of filing e date must be specific and in this block does not m on the Department of S	cannot be prior to deet the applicable	fate of filing or more	(opti than 90 days afte equirements, thi	r filing.) Pi	ursuant to 605,020° Il not be listed as
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	Signature of a n	nember (Cauthoriz	cd representative of Contents  ame of signee	a member	lec l	