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COVER LETTER

TO: Registration Se Division of Cor				
	TRANS LLC	1		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ruben Hidalgo			
		Name of Person		
	PROLINE TRANS LLC			
		Firm/Company		
	2601 Arcadia Drive			
		Address		6 5 (
	Miramar, FL 33023			
		City/State and Zip Code		P 13
	E-mail address: ((to be used for future annual report	notification)	22 SEP 13 PH 4: 34
For further information c	oncerning this matter, please c	rall:		ုံး မ
Ruben Hidalgo		786 239-5600 at ()	8	
Name o	d'Person		ytime Telephone Number	_
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy cadditional copy is	tatus &
<u>Mailing Addres</u> Registration (Street Address Registration		
Registration Section Division of Corporations			Corporations	
P.O. Box 632		The Centre of	of Tallahassee	
Tallahassee, 1	r に 52514	2415 N. Mo	nroe Street. Suite 810 👚	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROLINE TRANS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/22/2021 and assigned Florida document number 1.21000499521 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Cin

Enter Florida street address

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
MGR	CESPEDES, ISSAC R	747 NW 32 AVE	
		MIAMI, FL 33125	Remove
			□ Change
MGR	Yeney Andrade	2601 ARCADIA DRIVE	
		MIAMI, FL 33023	□Remove
			□ Change
	 		
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an effective date is listed, the dat ote: If the date inserted in the	le must be specifie	and cannot be pi	rior to date of fili	ng or more than 9	0 days after filing	g) Pursuant to 60	05.020 sted a
ocument's effective date on t							
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record specifies a delayed eff lis filed.	ective date, but	not an effectiv	e time, at 12:0	I a.m. on the ea	rlier of: (b) I	he 90th day af	ter the
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ated Sep 6		2022	·				
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	Signature C	// //	1100				