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2022 OCT 11 PM 3: 17 MILLAHASSEE FLORI

A. BUTLER OCT 1 1 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRT 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:
Respell Mitchell Name of Person
PRT Truck in LLC Fin/Company
1014 North Blvd Fost Address
Liesburg, F1 34748 City/State and Zip Code
PM Itch ET a gm & I - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Penell Mitchell at (352) 255-6753 Area Code Daytime Telephone Number
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 Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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**

FILED

2022 OCT | | PH 3: |7 imited 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 02/08/2/12/2 and assigned Florida document number L2200065 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 "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 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: Enter Florida street address City 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
mGR	Pernell Mitchell	7633 Park Hill Ave	(DAdd
		7633 Park Hill Ale Leesburg, F1 34745	□Remove
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Note: It	date, if other than the ve date is listed, the date mu the date inserted in this b is effective date on the E	tock does not o	neer me appose	able statemery in	more than 90 days ng requirement	optional) after filing.) Purs s, this date will r	uant to 605.0207 not be listed as
record s d is filed	pecifies a delayed effecti	ve date, but not	; an effective ti	me, at 12:01 a.m	. on the earlier	of: (b) The 90t	h day after the
Dated	oct 11		2025	<u>?</u> .			
		-N1:4	200	orized representati	ve of a member		