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## COVER LETTER

TO:

TO: Registration S Division of Co			RECEI	VED
	TRON TRANSPORT LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	SALLA	1.1.14
	ondence concerning this matter	-	Name of Person RT LLC Firm/Company Address City/State and Zip Code F22@GMAIL.COM e used for future annual report notification)  Area Code Daytime Telephone Number	
	DANIEL HOGARTH			2
		Name of Person	· · · · · · · · · · · · · · · · · · ·	022
	PNEUMATRON TRANSI	PORT LLC		
		Firm/Company		- <u>;</u>
	10764 NW 37 PLACE	•		A A A
		Address	-	<u>5</u>
;	SUNRISE, FL 33351			;"∙r <del>*</del>
		City/State and Zip Code	- 444	<del></del>
•	PNEUMATRONTRANSPO	_		
	E-mail address: (	to be used for future annual report	notification)	•
For further information of	concerning this matter, please co	all:		
DEBRA PARSONS				
Name o	of Person	Area Code Day	nime Telephone Numb	per
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Certific Certific	cate of Status & ed Copy
<u>Mailing Addre</u> Registration		Street Address Registration		
Division of C		Division of (		
P.O. Box 632	27	The Centre o	f Tallahassee	
Tallahassee,	FL 32314	2415 N. Mor	rroe Street, Suite	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PNEUMATRON TRANSPORT LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.)	JUN 29
The Articles of Organization for this Limited Liabilit Florida document number L22000221809	y Company were filed on MAY 10, 2022	and assigned
This amendment is submitted to amend the following	:	·
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	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 AD		
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>		<del></del>
		<u>_</u>
B. If amending the registered agent and/or registe agent and/or the new registered office address her		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del></del>
	, Florid	a
	City	Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DEBRA PARSONS	10764 NW 37 PLACE	<b>=</b> Add
		SUNRISE, FL 33351	
			□Change
			□Add
			□ Remove
			□Add
			□Remove
			□Remove
		<del></del>	
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··. <u>-</u>			
fective date, if other than the in effective date is listed, the date municipate: If the date inserted in this becament's effective date on the E	st be specific and cannot be prior to do lock does not meet the applicable	ate of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207 , this date will not be listed as
ecord specifies a delayed effective is filed.	ve date, but not an effective time,	at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
	2022		
JUNE 20			
ited JUNE 20  JHbyA	·		
ited JUNE 20	RHU Signature of a member or authorize	d representative of a member	<u></u>