L22000336205

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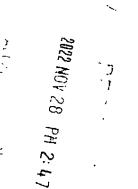


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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration S Division of Co				
SUBJECT:O	Name of Limi	MT Transport ted Liability Company	LLC	
The enclosed Articles of	of Amendment and fee(s) are sub-	nitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	1025 At	Name of Person 1025 Atan Firm/Company	tic ave	Fruitland Park
		Address		-
		City/State and Zip Code		-
	E-mail address: (to be used for future annual report notif	fication)	
For further information	n concerning this matter, please ca	all:		
Travij J Namo	Doug I W S	at (054) 66	6 2907 e Telephone Numbe	т
Enclosed is a check for	r the following amount:			
□ \$25.00 Filing Fee	22 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Mailing Adda Registration	n Section	Street Address: Registration Sec		
Division of	Corporations	Division of Cor	porations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRINCIPOR HART TRANSPORT 11

(Name of the Limited	Liability Compan Florida Limited Li	y as it now appriability Company	ears on our recor	ds.)		
The Articles of Organization for this Limited Liab Florida document number <u>L22000336</u>	bility Company v		~71		<u>72</u> and assi	gned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabi	lity company	<u>here</u> :			
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," th	e designation "LL	.C" or the ab	breviation "L.L	C."
Enter new principal offices address, if applical		<u></u>	. •		77 70	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.	<u>ox)</u>	-			73 PH 3 12	
B. If amending the registered agent and/or req agent and/or the new registered office address		ddress on ou	r records, <u>ente</u>	er the <u>nam</u>	e of the new	registered
Name of New Registered Agent: New Registered Office Address:	TRAUS	5 J [29th S	DOUGLA TREET	S		
	VERO I	Enter I BEACH City	Florida street addr	ess Florida	32960 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

Address Fruitland park 7473 Type of Action Name Title MGR TRAVIS J DOUGLAS 1025 Atlantic are FI Exade Fauitland Park FL 34131
MGR Maleka D powell 1025 Atlantic ave BAdd ____ Change □Add _____ □Change Remove

								
 								
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effective date te: If the da	, if other than to is listed, the date rote inserted in this ective date on the	must be specific a s block does not	and cannot be pot meet the ap	plicable statu	iling or more the tory filing requ	(optio an 90 days after f uirements, this	iling.) Pursuant to	605.020 listed a:
cord specific s filed.	es a delayed effec	tive date, but n	iot an effecti	ve time, at 12:	01 a.m. on the	e earlier of: (b)	The 90th day	after the
ed 11/	24/20) 22	-,					
		Signature of	a member or	authorized repre	esentative of a r	nember		-