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(Ci	ity/State/Zip/Phone #)	
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PICK-UP	MAIT	MAIL
(Bi	usiness Entity Name)	
(De	ocument Number)	
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
	J. HORNE	
	NOV 1 4 2022	
	MOA	

Office Use Only



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MECEIVED

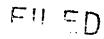
### **COVER LETTER**

TO: Registration Section of Corp			
SUBJECT:	PD TRAN	SPORT LL ed Liability Company	<u>C</u>
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Vasili y	D mi + Ri	Le U
		Firm/Company	·
	2229 N/7	ta terrace Address	
	NORTH PO VPD WA E-mail address: (1)	P. F. FL 34 City/State and Zip Code Y & Guai o be used for future annual report no	286 L. cory
For further information co	oncerning this matter, please ca	H:	
Name of	Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

### ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION OF



2022 NOV 14 AH 11: 4

#### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
4 i HBR	Vasilit	Dmitrixeu 2229 Nita Ter. North Port Fl 342	
		North Yort 1-6 342	& 6 □Remove
			□Change
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note: !	te date, if other than the date of filing:  ctive date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
ne record ord is like	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated <sub>-</sub>	11.14.22 (b)Mx
	Signature of a member or authorized representative of a member
	Vasiliy Dmitrivev  Typed or printed name of signee

Filing Fee: \$25.00