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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Cor				
SUBJECT: P & (Transporta	A+ICAL SOLUTION ited Liability Company	15 ilC	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Paul J ("u	Name of Person		
		Sportation So		
	7250 min	nosa Grove Pl	ace Room A	
	Jacksunville	IC FL 32210 City/State and Zip Code		
	Pandetra E-mail address: (1)	nsportsolution	ns algmail.com)
For further information co	oncerning this matter, please co	all.		
Paul J (Lin) Name of	Person	at (<u>GD4</u>) <u>571 – 0</u> Area Code Daytime	4233 Felephone Number 12 PR 20	S
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)	Certificate of Status & Certificate Copy (additional copy is enclosed)	لعيروله
Mailing Address Registration S Division of C P.O. Box 632	orporations	Street Address: Registration Sec Division of Corp The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PTC Transportation (Name of the Limited Liability Comparing A Florida Limited L.)	ny as it now appears on our records.)	<u> </u>
(A Florida Limited I.	Manualy Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 12, 20	23 and assigned
Florida document number <u>L 23000120400</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
		<u>्र</u> ्ट
Enter new mailing address, if applicable:		22
(Mailing address MAY BE A POST OFFICE BOX)		77 . 1
		11/2 15
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the n</u>	ame of the new registered
- Land Control of the		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	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 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
<u>m6R</u>	Paul J Cunningiam	7250 Miniosa Eirov	PLACE PDAdd
		Room A	
		Jaarsonville, FL 3221	<u></u> □Change
			□Add
			Remove
			□Change
			A TRemove T
			Remove
			P Gehange:
			□Remove
			□Change
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			□Remove
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			<u>-</u>
			
		-	
Effec	tive date, if other than the date of filing: (option:	al)	
	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filight the date inserted in this block does not meet the applicable statutory filing requirements, this date		
Note	ment's effective date on the Department of State's records.		
Note	ment's effective date on the Department of State's records.		
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