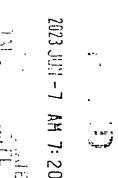
L23000191482

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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Prime 9 Transper	ort Services LLC Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
Quintin	Stanley Name of Person
Prime 9 To	ransport Services LLC
3751 Co.	nroy Rd Apt 2311
Orlando	Florida 32839 City/State and Zip Code Stanley @ yahoo. Com
Quintin. S E-mail address: (to)	be used for future annual report notification)
For further information concerning this matter, please call:	
Quintin Stanley Name of Person	at (281) 716-2646 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Registration Section
Registration Section Division of Corporations	Division of Corporations
D.O. Boy 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prime 9 Trans	Sport Servies ELC - Millian
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number <u>L23000191486</u>	The analysis of the second se
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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 ADDRES	55)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	City Zip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agen	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and nt as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability

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
MBR	Quintin Stanley	3751 Conray Rd Apt 23	Add
	,		□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
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			□ Change
			□Add
			🗖 Remove
			□Change
			□ Add
			🗆 Remove
			Changa.

, Hame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(lf an ef <u>Note:</u>	tive date, if other than the date of filing:
If the recor	rd 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 filed.
Dated	Signature of a member of authorized representative of a member
	Quintin Stanley Typed or printed name d'signee

Filing Fee: \$25.00