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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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05/09/24--01002--006 **\$5.00



COVER LETTER

| TO: Registration S Division of Co | | | · : | | |
|--------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|-----------------------------|----------------------------------------------------------------|-----------------|
| | SIONAL CAR CARRIERS LL | С | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for tiling. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | Anthony Morales | | | | |
| | | Name of Person | | | |
| | MyUSACorporation.com | | | | |
| | | Firm/Company | | | |
| | 1 Radisson Plaza. Suite | 800 | | | |
| | | Address | | | :: |
| | New Rochelle, NY 1080 | 1 | | | |
| | | City/State and Zip Code | | | :. |
| | info@myusacorporation.c | | | | . : |
| | | to be used for future annual re | port notification) | — : | |
| For further information (| concerning this matter, please ca | all: | | ; ; . | |
| Anthony Morales | | | 30-2677 | | |
| Name | of Person | at () Area Code | Daytime Telephone No | umber | _ |
| Enclosed is a check for t | the following amount: | | | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ■ \$55,00 Filing Fee & Certified Copy (additional copy is enclo | Cer sed) Cer | .00 Filing I tificate of a tified Copy Inional copy i | Status & y |
| <u>Mailing Addre</u> Registration | <u>ss:</u> Spetion | Street Ade | | | |
| Division of C | | Kegistrat Division | ion Section of Corporations | | |
| P.O. Box 63. | • | | re of Tallahassee | | |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PROFESSIONAL CAR CARRIE | ERS LLC | |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------|
| (<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com | v appears on our records.) npany) | |
| The Articles of Organization for this Limited Liability Company were filed (| 1 on08/17/2023 and assign | ned |
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability compa | pany here: | |
| The new name must be distinguishable and contain the words "Limited Liability Company. | y," the designation "L.L.C" or the abbreviation "L.L.C | ·.·· |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | 9 | |
| Enter new mailing address, if applicable: | 7 | |
| Mailing address MAY BE A POST OFFICE BOX) | · | |
| | i i i | |
| | | |
| B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here: | n our records, <u>enter the name of the new r</u> | egiste |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | nter Florida street address | |
| | , Florida | |
| Cin | 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

| <u>Name</u> | Address | Type of Action |
|---------------------|---------------------------|----------------------------------------------------------------------------------------------|
| YEVGENIA MOSKALENKO | 4464 TULANE DRIVE | = Add |
| | WEST PALM BEACH, FL 33406 | □Remove |
| | <u> </u> | □Change |
| ARTHUR MOSKALENKO | 4464 TULANE DRIVE | □Add |
| | WEST PALM BEACH, FL 33406 | □Remove |
| | | Change |
| | | □Add |
| | | □Remove |
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| | | (☐)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | | ☐Remove |
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| | | ADAdd |
| | | □Remove |
| | | □Change |
| | | |
| | | Remove |
| | YEVGENIA MOSKALENKO | ARTHUR MOSKALENKO 4464 TULANE DRIVE WEST PALAI BEACH, FL 33406 WEST PALAI BEACH, FL 33406 |

| Fective date, if other than the date of filing: (optional) | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|------------------|-----------------|----------------|-------------------------------------------|----------------------------------------------------------------|----------------------------------------------|
| Fective date, if other than the date of filing: In effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 files: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a secure of sective date on the Department of State's records. The 90th day after the is filed. MAY 2 2024 MAY 2 2024 | | | | | | | · | |
| Fective date, if other than the date of filing: In effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after bling.) Pursuant to 605.020 files: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed a countent's effective date on the Department of State's records. Coord 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 filled. MAY 2 2024 | | | | | | | | |
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| MAY 2 . 2024 | <u>ote:</u> 11 | the date inserted in this h | dock does not n | neet the applic | able statutory | or more than 90 day filing requirement | (optional) s after filing.) Pu (s, this date wil | usuant to 605.020 I not be listed a |
| M € 1 | ecord s is filed | specifies a delayed effecti l. | ve date, but not | an effective ti | me, at 12:01 a | .m. on the earlier | of: (b) The 9 | Oth day after the |
| Signature of a member or authorized representative of a member | ited | MAY 2 | · | 2024 | | | | |
| Signature of a member or authorized representative of a member | | | | | M | | | |
| | | | | | | | | |

Filing Fee: \$25.00