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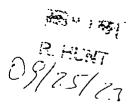
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2023 SEP 25 PH 12000SEP 25 PH 3: 27



COVER LETTER

Registration Section
Division of Corporations

TO:

SELECT T	RANSPORTATION AND LO	GISTICS LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Muhammad Rashid			
		Name of Person		
	PTH Financial & Insurance	e		
	_	Fim/Company	*	
	1322 North Pine Hills RD.			
		Address		2023
	Orlando, FL 32808			2023 SEP 25
		City/State and Zip Code		25
	info@protaxhelp.com			
	E-mail address; (to be used for future annual report notif	lication)	
For further information o	concerning this matter, please co	all:		P# 12: 40
Muhammad Rashid		407 298-3900		0 ;
Name o	f Person	Area Code Daytim	c Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	
P.O. Box 632 Tallahassee,			e Street, Suite 810	

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SELECT TRANSPORTATION AND LOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 09/19/2023	and assigned	
Florida document number 1.23000435293			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
SELECT TRANSPORTATION & LOGISTICS LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)			
		023	
Enter new mailing address, if applicable:		38 BS	
(Mailing address MAY BE A POST OFFICE BOX)		N 432	
		<u> </u>	
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter</u>	the name of the new registered	
agent and/or the new registered office address here:		0 -	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sweet address	5	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paining filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dulies, an rovided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is	
If Chang	ging Registered Agent, Signature o	f 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
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		<u>.</u>	[]Change
			Change
	<u></u>		□Add
			☐Remoye ☐P ☐Changen
			PAdd 72: 40
			☐Remove
			DChange
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fan effective date is <u>Note:</u> If the date	is listed, the date must be speci inserted in this block does tive date on the Departme	cific and cannot be personal control of the specific c	plicable statutory	or more than 90 days aft	er filing.) Pursuant to 605.0	
record specifies d is filed.	a delayed effective date, t	out not an effecti	ve time, at 12:01 a	.m. on the earlier of: ((b) The 90th day after	the
Dated	109/21	. 20.	231.			
(\	1 //					

Filing Fee: \$25.00

Typed or printed name of signee