Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Ta:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : IDEAS CARVAJAL LLC

Account Number : I20220000006 Prone : (321)333-5565 Fax Number : (407)565-5637

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	 	
		 	



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRO AUTO FREIGHT LLC

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Corporate Filing Menu

Help

K. SALY JAN 1 0 2024 TO: Registration Section

COVER LETTER

Division of Cor	rporations		
CUBINOT.	PRO A	UTO FREIGHT LLC	
SUBJECT:	Name of Lin	mited Liability Company	
	Ameniment and fee(s) are su	-	
		LONDONO, JUAN P	
		Name of Person	
		PRO AUTO FREIGHT LLC	
		Firm/Company	•
	24.	36 BLOWING BREEZE AVE	
		Address	
	k	CISSIMMEE, FLORIDA, 347	44
		City/State and Zip Code	
		NFO@GOALBRIDGEG.CO	
Eus firether information .		(to be used for future annual rapor	rt notification)
	oncerning this matter, please o	CAII;	
	NO, JUAN P	at ()	407-818-7558
Name o	f Person	Area Code D	sytime Telephone Number
Enclosed is a check for th	e folloving amount:		
■ \$25.00 Filing Fee	□ \$10 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Piling Fee, Certificate of Status & Certified Cupy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassoo, F	Section orporations 7	The Centre	n Section Corporations of Tallahassee phroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	TO FREIGHT LLC		LONID!
Name of the Limited Liability Co (A Florida Lim	ompany as it now appears lited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	10/26/2023	and assigned
Florida document number L23000490231			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the des	ignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
	The state of the s		
Enter new mailing address, if applicable:			
(Malling address MAY BE A POST OFFICE BOX)			<u>. </u>
	· · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	lce address on our rec	ords, <u>enter the nam</u>	e of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	-
		, Florida	
	Clty		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 c 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

Title	Name	Address	Type of Action
MGR	VARGAS, CAMILO L	2436 BLOWING BREEZE AVE	
		KISSIMMEE, FL 34744	■ Remove
			Change
AMBR	LONDONO, JUAN P	2436 BLOWING BREEZE AVE	a Add
		KISSIMMEE, FL 34744	□Remove
			Change
			⊡Remove
			El Change
			JAN PHONE STORY
			The Remove
			一 一 一 Change
			□Add
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			Change
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If an offective Note: If the	ate, if other than the date of date is listed, the date must be speci e date inserted in this block does effective date on the Departmen	fic and cannot be prior is not meet the applica	n date of filing or more	(optional than 90 days after filin equirements, this dat	a \ Duancant ta 404 0202
e record spe- rd is filed.	cifies a delayed e Tactive date, b	ut not an offective th	no, at 12:01 a.m. on 1	the earlier of: (b) T	he 90th day after the
	7 4 3 17 1 4 D 22 20	2024			
Dated	JANUARY 08	·	<u> </u>		
Dated	JANUAR? 58				
Dated	JANUAR F 18		rized representative of t	nember	

Filing Fee: \$25.00