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(Re	equestor's Name)	
(Ac	ldress)	
(Ác	ldress)	
(Cid	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT:	Linear F	reight Transportation LL	С
301 <i>m</i> 2c1.		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mai	rkenlove Orelus	<u>.</u>
		Name of Person	
		Firm/Company	
		roward Blvd Suite 203-13 Address	65
	For	t-Lauderdale Fl 33312 City/State and Zip Code	
For further information c		orfds@gmail.com to be used for future annual report	notification)
	Markenlove Orelus	arr. 954	8267220
Name o	of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	🗹 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Address Registration 9 Division of C P.O. Box 632	Section Corporations 27		Section Corporations of Tallahassee
Tallahassee,	FL 32314	2415 N. Mor Tallahassee,	rroe Street, Suite 810 [7] FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Linear Freight Tra				
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appear ted Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number	any were filed on	03/22/2024	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
Pro Miles Trucking LLC				
The new name must be distinguishable and contain the words "Limited I	iability Company," the de	signation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	1136 NW 15th	PL Fort Lauderderd	ale FL 33311	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:		ecords, <u>enter the nam</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	·		Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accept the appointment as registered agent and oppositions of all statutes relative to the proper and compl				

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

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ective date, if other that effective date is listed, the date: If the date inserted in to nument's effective date on	ite must be specif this block does	ic and cannot be pric not meet the appli	or to date of filing or i leable statutory fili		iter filing.) Pursuai	
cord specifies a delayed el s filed.						ay after the
ed <u>September 10</u>)	<u></u>	·			
·j						3
	Signature	Tarfe lus of a member or aud	horized representativ	e of a member		_

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