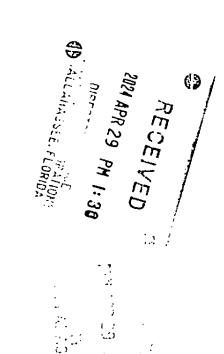
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COVER LETTER

TO:

	ion Section of Corporations						
	POEMER TAN	WARR (EAU)	~ "/1c"	١,			
SUBJECT:	PREMJER TRAD	mited Liability Company					
The enclosed Articl	les of Amendment and fee(s) are su	ibmitted for filing.					
Please return all cor	rrespondence concerning this matte	er to the following:					
	JASON	Name of Person					
		Name of Person					
	REMIER	TRANSPORT SER	ENTCE "LLC"	•			
		rimvCompany					
	5747 SUM	MERSIAE LANE Address		6-7 6-7 1-78			
		Address					
	< 000 cm	C1 2.42.21		8			
	<u> </u>	FL 34281 City/State and Zip Code		29 AH 8: 49			
	E-mail address:	(to be used for future annual	report notification)				
For further informa	tion concerning this matter, please	call:		m			
Jason	LAPP	at (<u>94/</u>) Area Code	587-482	8			
N	ame of Person	Area Code	Daytime Telephone	Number			
Enclosed is a check	for the following amount:						
\$25,00 Filing F	Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc.)	losed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)			
Mailing A		Street Ac					
_	tion Section of Corporations	Registration Section Division of Corporations					
P.O. Box		The Centre of Tallahassee					
Tallahass	see, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REMIER TRANS	PORT SERVICE	" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appe Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Co		4-9-2024	and assigned
Florida document number <u>L2400016878Y</u>	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the	designation "LLC" or the ab	breviation "L.L.G:"
Enter new principal offices address, if applicable:		;- 5.	. 10
Principal office address MUST BE A STREET ADDR	ESS)		
		<u></u>	
		<u>ا ا</u> لغب	141 64
Enter new mailing address, if applicable:	<u>.</u>		
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, <u>enter the nam</u>	e of the new regis
Name of New Registered Agent:	······		
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	
	City		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>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	JASON LAPP	5747 SUMMERSIDE LANG	Add
		5747 SUMMERSIDE LANG SARASOTA, FL 34231	□Remove
			□Change
			🗆 Add
			Remove
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effective	ate, if other date is listed, t	he date must b	e specific and	d cannot be p	prior to date o		re than 90 da	ys after fi	ling.) Purs		
	e date inserted effective date					utory filing	requiremen	its, this c	fate will	not be l	listed a
	cifies a delay	ed effective o	late, but not	t an effecti	ve time, at 1	2:01 a.m. o	n the earlier	of: (b)	The 90t	h day a	fter the
s filed.											
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_			shature of a	member or	authorized rep	resentative (of a member				

Typed or printed name of signee