

L24000358400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

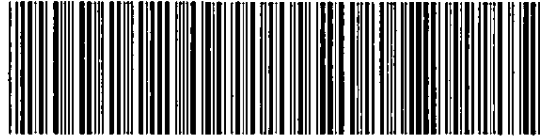
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

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TALLAHASSEE, FL

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Me

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PM UPGRADED TRANSPORTATION
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PERRY PIERRE
Name of Person

Firm/Company

6928 Buckhound Ct. Jax Fl. 32244
Address

Jacksonville, FL. 32244
City/State and Zip Code

Pmpupgraded441970@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Perry Pierre at (904) 888-2821
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the 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 (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|---------------------------------|--|
| MGR | Perry Pierre | 6928 Buckhound Ct. Jax FL. | <input checked="" type="checkbox"/> Add ^{zipcode} 32244 |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Deraughn Pierre | 6928 Buckhound Ct Jax FL. 32244 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Andrew Pierre | Same Address | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Melinda Roberts | 235 E. Ray Rd | <input type="checkbox"/> Add |
| | | Chandler AZ 85225 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PM UPGRADED TRANSPORTATION
(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 June 07, 2024 and assigned Florida document number L24000358400

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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7.
1940-1941
1942-1943
1944-1945
1946-1947

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Nov. 4 / 2024

Signature of a member or authorized representative of a member

Perry Pierce

Typed or printed name of signee

Filing Fee: \$25.00