DOC ID ----> 202104105206

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/18/2021	202104105206	LIMITED LIABILITY COMPANY - RESTATEMENT (LRA)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

PETER BRANDON PILANT
5184 BLAIR AVE
CANAL WINCHESTER, OH 43110

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4338683

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

PILANT TRANSPORTATION, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
LIMITED LIABILITY COMPANY - RESTATEMENT	**202104105206**
Effective Date: 02/10/2021	

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of February, A.D. 2021.

Ohio Secretary of State

DOC ID ----> 202104105206

Form 543A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: $50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

02/10/2021
Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

MM/DD/YYYY
Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

PILANT TRANSPORATION, LLC
Name of Limited Liability Company

4338683
Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

PILANT TRANSPORTATION, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of: Perpetuity unless termi
Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Peter B. Pilant
Signature

Peter B. Pilant
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name