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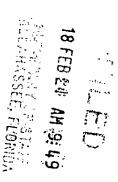
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2018

EDWIN RICCI 22204 NW COUNTY RD 241 ALACHUA, FL 32615

SUBJECT: AA TAXI LLC Ref. Number: L14000049255

We have received your document for AA TAXI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00002965

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AA TAXI LLC		
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) ompany)	
he Articles of Organization for this Limited Liability Company were fil	ed on03/25/2014	4 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability con	pany here:	
IAA TRANSPORT LLC		
ne new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" of	or the abbreviation "L.L.C."
ator now principal offices address if applicables		
• •		
Principal office address MUST BE A STREET ADDRESS)		
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Mailing address MAY BE A POST OFFICE BOX)		
		Sa Pa
(Name of the Limited Liability Company as it now apnears on our records.) (A Florida Limited Liability Company) the Articles of Organization for this Limited Liability Company were filed on		
. If amending the registered agent and/or registered office ad	dress on our records,	enter the name of the
egistered agent and/or the new registered office address here:		
		ਰੁੱਕ 🐱
Name of New Registered Agent		<i>**</i>
A tourse of A ten Atagonates a Sport		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
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

ifective date, if other than the date of filing: In effective date, if other than the date of filing: In effective date is itsed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 deg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed recurrent's effective date on the Department of State's records. The goth day after the record is filed. Signature of a member or authorized representative of a member.								-
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