118000193858

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S. PRATHER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: AAC	C Trucking LA	L	
	Nartic of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Allen Fee	nandez Solo	
		Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Finn/Company	
	4083 Sunber	ampd Apt 1307	·
	Tacksonville	FL 32257 City/State and Zip Code	
	a a c a + nucki E-mail address: (in a Pamuil Com to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
\cap \square			
Cana Gonz	alez	at (<u>Q04</u>) <u>568 -</u> Area Code Daytime	1474
Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AACC Touch	Ling LL. Sility Company as it now appears on our records. da Limited Liability Company)	211 DEC 3-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
The Articles of Organization for this Limited Liability Florida document number <u>L 18000193858</u> This amendment is submitted to amend the following:	Company were filed on 6/14/18	ASSERTED AND TO DRIED
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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>	<u>Address</u>	Type of Action
MAR	Carla Gonzalez	4083 Gunbeam Rd.	_ Ø Add
		4083 Sunbeam Rd. Apt 1307, Tacksonville	□ Remove
		FL, 32257.	Change
			Add
			Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			Change
			Remove
			Change

Effective date, if other than the date of filing: (option of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after f	ial) ling i Pursuant to 605 020
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed a
he record specifies a delayed effective date, but not an effective time, at 12:01 a. The 90th day after the record is filed.	m. on the earlier o
Dated 12/04/18,	2010 DEC
	5- O
Signature of a member or authorized representative of a member	EC +4 PHI

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Filing Fee: \$25.00