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(Red	questor's Name)	
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SECRETARY OF STATE
ONLY ANASSEE FLORIDA

COVER LETTER

	Registration Se Division of Co					
CUD HE	A&E Towi	ng and Transport, LLC				
SUBJEC	.1: <u></u>	Name of Lim	ited Liability Company	 		
		Amendment and fee(s) are sub	-			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Brian Rodriguez				
Name of Person				•		
		A&E Towing and Transp	ooπ, LLC			
Firm/Company					•	
		7811 SW 24 ST, STE 13	35			
			Address		SEC SEC	
Miami, FL 33155					NIS 22 I	T
			City/State and Zip Code	·	22 1888 1888	FILED
		aetowing305@gmail.com				J
For furth	er information c	eoncerning this matter, please co	to be used for future annual report notif	ication)	M II: 38 F STATE FLORIDA	
Brian R	odriguez		305 4972702 at ()	·	•	
	Name o	f Person	Area Code Daytime	Telephone Number		
	is a check for the	he following amount:				
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
		W. (a.) D. D. D. (a.)				

TO:

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

A&E Towing and Transport, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on February 3, 2016	and assigned
Florida document number L16000023958	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
•		
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	<u> </u>	5 5
		三 5
Enter new mailing address, if applicable:	V	72 73 m
Mailing address MAY BE A POST OFFICE BOX)		
		38
3. If amending the registered agent and/or regis		<u>er thể name of the n</u>
egistered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<u> </u>
	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
AMBR	Cristina B. Rodriguez	7811 SW 24 ST, STE 135	• Add
		Miami, FL 33155	□ Remove
			☐ Change
			
			Remove
			☐ Change
			□ Add
	•		Remove SECNIII Change
<u></u>			ARP DIF STARRENOVE
			E Change
			Add
			□ Remove
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			☐ Change

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fective date, if other than the effective date is listed, the date in this occument's effective date on the	nust be specific and c block does not me	annot be prior to et the applicab	date of filing or	more than 90 days a		
record specifies a delay The 90th day after the re		ite, but not	an effective	time, at 12:0	1 a.m. on the	earlier
ated August 17		2016	1.			
nea	,					
	Signature of a mo	ember or authori	zod copresentany	e of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00