410000088330

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A. LUNT
	OCT 11 2010



300186381373

10/08/10--01024--009 **60.00



EXAMINER

Office Use Only

COVER LETTER

TO: Registration Section Division of Corpora					
SUBJECT: A \$ 1		T AND LOGISTICS L	<u> </u>	·	
The enclosed Articles of Ame Please return all corresponden	AARON A & D TRA 3420 W. PEMBA	Name of Person WS PORT AND LOGISTIC Firm/Company HAllwidgle Beach Address ROKE PARK, FL 336 City/State and Zip Code	B/v3 023	2010 OCT -8 PM 1: 34 SEBRETARY OF STATE TALLAHASSEE. FLORIDA	
For further information concer		to be used for future annual report notifica	tion)		
AAAON HOSCOVIT	teh	at (<u>954) 989 - 9485</u> Area Code & Daytime T			
Enclosed is a check for the fol \$25.00 Filing Fee	lowing amount: \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	l)

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 & D TRANSPORT AND LOGISTICS LLC

(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 Liab	ility Company were filed on	8/23/2010	and assigned
Florida document number	<u> </u>		and assigned
This amendment is submitted to amend the follow	_		SSEE -8
A. If amending name, enter the new name of the			F S T
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	pany," the designation	LC" on the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
	 		
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, ente	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street a	ıddress
		, Florida	
	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
46RM	DARREN WILDING	3420 W. HALLANDALE BEACH ? PEMBROKE PHAK, FL 33023	Add Remove
			Add Remove
			Add Remove
			Zill October Control C
			Add Remove
			AddRemove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	y.)
_			
Dated	Oct 5, 2010	 \	
	_	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00