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EXAMINER



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SKULYVOLEOUS ACTIONS IN STATE OF COLOR OF STATE OF COLOR OF STATE OF STATE

COVER LETTER

то:	Registration Sec Division of Corp	ction Jorations			
SUBJE	CT:	AWX TR	ANSPORT LLC		
			ited Liability Company		
The end	closed Articles of A	Amendment and fee(s) are sul	bmitted for filing.		
Please 1	return all correspor	ndence concerning this matter	r to the following:		12 WAL 17 PM 9: 03
			STEVEN E SHORE		T P
			Name of Person		ر بي
		S	HORE ASSOCIATES		03
			Firm/Company		
			PO BOX 385		
			Address		
		WES	T SIMSBURY, CT 0609	2	
			City/State and Zip Code		
		SHOREAS E-mail address: (SOCIATES@COMCAST to be used for future annual report no	T.NET	
For furt	her information co	ncerning this matter, please of	-	,	
	STEV	EN E SHORE	at (860)	217-1111	
	Name of	Person		time Telephone Number	
Enclose	d is a check for the	e following amount:			
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		f Status &

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

AVVX	TRANSPORT LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	02/22/2012	and assigned
Florida document number L12000025385	•		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the li		<u>e</u> :	12 SE 17 PH
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Compa	ny," the designation "L	LC" or the aboreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:			_
	En	ter Florida street add	ress
		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name Address Type of Action KONSTANTIN EUNIN MGRM 263 Park Avenue ✓ Add East Hartford, CT 06108 Remove ☐ Add Remove Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JULY 16** 2012 Dated _ Signature of a member or authorized representative of a member KATÉRINA A YAKIMYUK Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00