L12000132486

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SECRETARY OF STATE DIVISION OF CORPORATION SECRETARY OF STATE

C. LEWIS

NOV -2 2012

EXAMINER

COVER LETTER

: 5.

TO:	Registration Sect Division of Corpo	ion orations	: 		
CHR I	· FCT•	AA America	an Transport, LLC		
3000	Name of Limited Liability Company				
		mendment and fee(s) are sub	·		
Please	return all correspond	dence concerning this matter	to the following:		
			Irka Diaz		
Name of Person					
AA American Transport, LLC					
Firm/Company					
7337 NW 37 Ave Bay #4					
			Address		
			Miami, FL 33147		
			City/State and Zip Code		
	AAAmericanTransport@gmail.com E-mail address: (to be used for future annual report notification)				
For fu	rther information cor	ncerning this matter, please of		,	
	lr	ka Diaz	at (305) 83	36-5997	
	Name of F	Person	Area Code & Daytime T	elephone Number	
Enclo	sed is a check for the	following amount:			
✓ \$2	5.00 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)	
	84,4- 45	4G . P.P.P.F.GG			

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**

FILED
SECRETARY OF STAFL
DIVISION OF CORPORATION:

2012 NOV - 1 PM 12: 55

AA Americai	n Transport, LL	C	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	ed Liability Company)	, as on our (ecorasi)	
The Articles of Organization for this Limited Liability Comp	any were filed on	10/17/2012	and assigned
Florida document numberL12000132486			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "Li	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	5)		<u> </u>
	·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	l office address on	our records, enter th	ne name of the new
registered agent and/or the new registered office address		· · · · · · · · · · · · · · · · · · ·	io name or the nem
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
· · · · · · · · · · · · · · · · · · ·		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		•

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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Irka Diaz	7337 NW 37 Ave Bay #4 Miami, FL 33147	✓ Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessar	ツ.)
_ _ _			SECRETARY OF SECRETARY OF COR.
Dated	October 22	2012	F STATE
	Signature of a t	Irka Diaz Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00