L14000152656

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COVER LETTER

TO:	Registration Division of C	Section Corporations					
CHDH		otrans, LLC					
SUBJ							
The en	closed Articles	of Amendment and fee(s) are subj	mitted for filing.				
Please	return all corre	spondence concerning this matter	to the following:				
		Kateryna Sliusarenko					
			Name of Person				
		US Autotrans, LLC					
			Firm/Company				
		16711 Collins Ave, Ste#16	16711 Collins Ave, Ste#1606				
		Address					
		Sunny Isles Beach, FL 33160					
	City/State and Zip Code						
		ket.miami@gmail.com					
		E-mail address: (t	o be used for future annual report notifi	ication)			
For fu	rther informatio	n concerning this matter, please ca	all:				
Katery	yna Sliusarenko		305 335-8329 at ()				
	Nam	c of Person		Telephone Number			
Enclos	ed is a check fo	r 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)			

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

US Autotrans, 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 Liability Company were filed on 09.30.2014 Florida document number <u>L14000152656</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida ₋ City

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 Ne

Page 1 of 3

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>	Address	Type of Action
MGR	Taras Sliusarenko	16711 Collins Ave, apt.1606, Sunn	Add
			☐ Remove
			Change
MGR	Mikhail Rasner	2201 S. Ocean Dr., apt.2406, Holly	Add
			Remove
			Change
			☐ Remove
			Change
			Remove
			☐ Change
			Add
	•		□ Remove
		AH AH AH	295 Charge
			Remove
			Remove

Filing Fee: \$25.00