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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AAA BOOTING Services LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Erasmo Arencibia SR Name of Person
AAA Booting Services LLC
577 West 53rd Street
Hialeah FL 33012 city/State and Zip Code
AAA basting Services amail. Com E-mail address: (to be used fortulare annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 227 713) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \text{Certified Copy} \text{(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

(Name of the Limited	Boeting Liability Company as	Seri it now appears	CCCS on our records.)	LLC.	
- (A	Florida Limited Liabyl	tý Company)			
The Articles of Organization for this Limited Liab	ility Company were	filed on	8/16/2	014 and assign	ned
Florida document number <u>L14 000 16 16</u>	<u>59</u> .		/		
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liability	company her	<u>'e</u> :		
The new name must be distinguishable and contain the word	ls "Limited Liability Co	mpany," the de	signation "LLC" or	the abbreviation "L.L.C	**
Enter new principal offices address, if applicab	le:		_ 		
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>		 	<u> </u>	<u>-121</u> 2 <u>132</u>
	-				<u> </u>
				8	
Enter new mailing address, if applicable:				_	<u> 왔으</u> 란
(Mailing address MAY BE A POST OFFICE BC	<u></u>				
				<u></u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		address on	our records, <u>e</u>	enter the name of	the new
Name of New Registered Agent:		.			
New Registered Office Address:		Enter Flori	da street address		
				do	
		City	, Floric	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>	Name	Address	Type of Action
MGR	Arencibia, Erasmo, SR	577 West 53rd Street	🗆 Add
		577 West 53rd street Hialeah, FL 33012	Remove
			Change
			D Add
			Remove
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ectiv	e date, if other than the date of filing: (optional)		~~
te: II	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not	π το ous : be liste	ed a
cume	nt's effective date on the Department of State's records.		
rocc	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	a oprlie	ar c
	90th day after the record is filed.	; earne	E1 C
ted_	6/1/14 Jone 1, 2018.		
	Exercise A Cumilia		
	Signature of a prepriber or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00