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## **COVER LETTER**

TO: Registration Se Division of Cor			
A&M Freig	ghtlines, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pat Gessel		
	<del></del>	Name of Person	Code  A L COMM  Innual report notification)  453-5277  Daytime Telephone Number
	Patricia Gessel, PL Attorne	ey at Law	
		Firm/Company	<del></del>
	99530 Overseas Highway,	#2	
		Address	
	Key Largo, FL 33037		
	marks 95° E-mail address: (	City/State and Zip Code  City/State and Zip Code  Code	(fication)
For further information	concerning this matter, please ca	all:	
Patricia Gessel, Esq.		305 453-5277	
Name (	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 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)

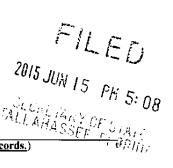
#### MAILING ADDRESS:

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**



A&M Freightlines, 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 Com Florida document number L14000170225	npany were filed on October 31, 2014 and assigned
riorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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>	<u>Name</u>	Address	Type of Action
AMBR	Michael R. Baker	PO Box 1107	
		Key Largo, FL 33037	Remove
			□ Change
AMBR	Candice J. Baker	PO Box 1107	Add
		Key Largo, FL 33037	☐ Remove
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ffective date, if other than than an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the I	st be specific an lock does not	nd cannot be prior in meet the application	o date of filing ble statutory	or more than 90 of filing requirement	_ (optiona days after filin ents, this dat	g.) Pursuant to	605.0207 listed as
e record specifies a delaye The 90th day after the re	d effective ord is filed	date, but not	an effectiv	ve time, at 1	.2:01 a.m	. on the ea	ırlier o
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Filing Fee: \$25.00