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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Big Als Transport, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ramesh Chunilall Name of Person
Firm/Company
1309 Belvoir Dr.
Daven port F1 33837 City/State and Zip Code
SYTKIN5543 amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 459 - 5543 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAHLING 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

Big Als Name of the Limit	Transported Liability Compa	iny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited L	iability Company	Λ (5_ and assigned	i
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designati	on "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applic			 	20 TA	
(Principal office address MUST BE A STREE	ET ADDRESS)			A ECF	
Enter new mailing address, if applicable:				RETARY DAHASSEE	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			# 5: 22	
B. If amending the registered agent and registered agent and/or the new registered of			records, <u>ente</u>		ie new
Name of New Registered Agent:	Verus	nka Nazario)		
New Registered Office Address:	1309	BEVDIY DY Enter Florida stre	et address		
	Daver	port	, Florida _	33837 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>	<u>Name</u>	Address Type of Action			
AMBR	Deonarine Jagdeo	1309 Belvoir Dr. Davenport Fl Bradd			
		Remove			
		Change			
		Add			
		Remove			
					
		Remove			
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	·	Change SECOLTAR Remove P Remove Change TALL AHASSEE			
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		Remove			
		Change			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after find the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	iling.) Pursuant to 60 date will not be lis	sted as the
b) The 90th day after the record is filed.	in on the carr	ici oi.
Dated May 4th a015.		
Rand Chumball Signature of a member or authorized representative of a member	TALC:	2015
Ramesh Chunitall	RETAI	HAY -6
Typed or printed name of signee	mo mo	
Page 3 of 3		> ည် ⊸

Filing Fee: \$25.00