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JUL 0 1 2919

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: All TRANSPORTATION Name of Limited Liab	
The enclosed Articles of Amendment and fee(s) are submitted t	for filing.
Please return all correspondence concerning this matter to the fi	ollowing:
FRANDY F	Same of Person
All TRANS	Portation & ETC., LLC
934 North 2	Iniversity Drive #259 Address
Coral Spring	FL 3306.5 State and Zip Code
All ranstos ta hor E-mail address: (to be use	and eTC. Com ed for future annual report notification)
For further information concerning this matter, please call:	
Name of Person	at (754) 3 665550 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

All IRAnstorta	tion & ElC., LLC.
(Name of the Limited Liabil	lity Company as it now appears on our records.) la Limited Liability Company)
	289 39 19 19 19 46
The Articles of Organization for this Limited Liability	Company were filed on $05/29/2015$ and assigned
Florida document number <u>L 1500009440</u>	L.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	\mathcal{N}/\mathcal{P}
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	$\mathcal{N}\mathcal{A}$
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regiregistered agent and/or the new registered office add	stered office address on our records, enter the name of the dress here:
Name of New Registered Agent:	NA
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

A 1 1

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGR	VERTHO AltidOR	706 W BLOXHAM street Lantona, fi	4346 Add
			🗆 Remove
			Change
			□ Remove
			Change
		<u></u>	Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			Change
			Remove
			□ Change

Effect	tive date, if other than the date of filing: (optional)
(If an et	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
accui	tent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
, , , , ,	e 90th day after the record is filed.
	06/13/2019
Dated	00/13/2019
	-AAA
	Signature of a member or authorized representative of a member
	ARTIAE ALLINOP
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00