116000036953

(Re	questor's Name)	
(Ad	dress)	. •
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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	egistration Se ivision of Cor			*
SUBJECT	Al Auto Tr	ansport, LLC		
SUBJECT	`:	Name of Lim		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Antonio Allen		
			Name of Person	
		A1 Auto Transport, LLC		
			Firm/Company	
		4683 67th Ave N		
			Address	
		Pinellas Park, FL 33781		
			City/State and Zip Code	
		a lautotransport23@gmail.c	om to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please co	·	cultury
Antonio A			727 484-8209 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	ne 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

A1 Auto Transport, LLC	•	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/22/2016	and assigned
Florida document number L16000036953		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
A1 Auto Transportation, LLC		
The new name must be distinguishable and contain the words "Limited I	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 ADDRESS	<u> </u>	
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	ACCRECATION TO THE PROPERTY OF	
		G G G G G G G G G G G G G G G G G G G
B. If amending the registered agent and/or registere		enter the name of the new
registered agent and/or the new registered office address	here:	TO 175
	•	TO KS F
Name of New Registered Agent:		N N
New Registered Office Address:	•	D
	Enter Florida street address	· ————
	. Flo	rida
	City	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 = M $AMBR = A$	anager uthorized Member		,
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			□ Change
			□ Remove
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Filing Fee: \$25.00