

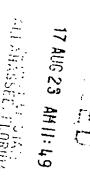
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## **COVER LETTER**

TO: Registration Solution of Col			
AMERICA .	AN BORDER TRANSPORT, L	LC	
SUBJECT:	Name of Lim	ited 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:	
	OSMANY ABELLA		
	-	Name of Person	
	AMERICAN BORDER T	RANSPORT, LLC	
		Firm/Company	
	2131 N 52 AVE		
		Address	
	HOLLYWOOD, FL 3302	1	
		City/State and Zip Code	
	OABELLA@MSN.COM		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
OSMANY ABELLA		954 662-1678 at ( )	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

AMERICAN BORDER TRANSPORT, L	
(Name of the Limited Lial (A Flor	hility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L16000144136	y Company were filed on AUGUST 2,2016 and assigned
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "L	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 AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	7 AL
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the ne
Name of New Registered Agent:	5.
New Registered Office Address:	49
	Enter Florida street address
	Florida
	City Zin 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>	<u>Address</u>		
AMBR	HAMEED KHAN	16411 SW 141 AVE	Add	
		MIAMI, FL 33177	■ Remove	
			■ Change	
AMBR	ABUZAR YASIR SIDDIQUI	13495 SW 34 ST		
		MIAMI, FL 33175	Remove	
		<del></del>		
			Add	
		<del></del>	Remove	
		Change		
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ffective date, if other than an effective date is listed, the date	e must be specific as	nd cannot be prior	to date of filing o	more than 90 day	( <b>optional)</b> s after filing.) Purs	uant to 605	5.02
ote: If the date inserted in the beament's effective date on the	is block does not he Department of	meet the applic State's records.	able statutory fi	ling requirement	s, this date will i	not be list	ted t
record specifies a dela The 90th day after the	ayed effective record is filed	date, but no i.	t an effective	e time, at 12:	01 a.m. on t	he earli	er
AUGUST 16		2017					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00