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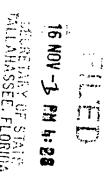
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Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2016

ANGELES POLO 1099 WEST 71 STREET APT 4 HIALEAH, FL 33014 US

SUBJECT: PHARAOHS TRANSPORT L.L.C

Ref. Number: L16000172004

We have received your document for PHARAOHS TRANSPORT L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 416A00021337

COVER LETTER

TO:	Registration Se Division of Cor			
CUD IE		sportation Services, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	-
		•		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	endence concerning this matter	to the following:	
		Angeles Polo		2016
			Name of Person	RECEIVED
			Firm/Company	PR FE
		1099 West 71 Street Apt 4		E STATE LORIDA
			Address	55 S
		Hialeah, FL 33014		·
		rpolo@live.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	ation)
For furt	her information c	oncerning this matter, please c	all:	
Angeles	s Polo		786 624-0370 at ()	
	Name o	f Person		elephone Number
Enclose	d is a check for t	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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Align Transportation Services, 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 Company were filed on September 14, 2016	
and ass	igned
Florida document number L16000172004	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Align Transportation Services, Inc.	
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 ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(Mulling dudress MAT BE A FOST OTTICE BOA)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne	NEET .
registered agent and/or the new registered office address here:	2 7Y
SS: Ch	wente
Name of New Registered Agent:	# *****
New Registered Office Address:	انبيينا.
Enter Florida street address	
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 =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
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Tective date, if other than the on effective date is listed, the date must tet: If the date inserted in this block cument's effective date on the Department.	k does not meet the applie	cable statutory filing re	than 90 days after filing.)	Pursuant to 605.02 will not be listed
record specifies a delayed The 90th day after the reco		ot an effective tim	ne, at 12:01 a.m. (on the earlier
October 24 ted	2016			
.	Anada P	/_		

Page 3 of 3

Filing Fee: \$25.00