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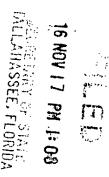
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TO:	Registration Se Division of Cor			<i>;</i>
CUID II		TRANSPORT LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		PRINCE HOSKINS		
		-	Name of Person	
AP AUTO TRANSPORT LLC Firm/Company				
		3702 PEMBROOK DRIV	Е	
			Address	<u></u>
		ORLANDO FL 32810		
			City/State and Zip Code	
MAYORBANG@GMAIL.COM				
		E-mail address: (to be used for future annual report notif	ication)
For furt	ther information co	oncerning this matter, please co	all:	
ANTH	ONY HARRIS		407 2305940 at ()	
	Name of	f Person		e Telephone Number
Enclose	ed is a check for th	e following amount:		
	5.00 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

AP AUTO TRANSPORT LLC		
(<u>Name of the Limited Lia</u> . (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
Γhe Articles of Organization for this Limited Liability	y Company were filed on 11/03/2016	and assigned
Florida document number L16000202380		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	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)		
3. If amending the registered agent and/or re		
egistered agent and/or the new registered office a	ddress here:	AS.
		SE 7
Name of New Registered Agent:		\$ 3 m
		5 + 0
New Registered Office Address:	Enter Florida street address	- 3 - 2
	, Florida _	
	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

It amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANTHONY HARRIS	3702 PEMBROOK DRIVE ORLA	
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			Change
			□ Add
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			□ Remove
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	ve date, if other than the date of filing: (optional	122	0	
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date			
docum	ent's effective date on the Department of State's records.			
		•		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m	. on th	ne ea	rlier of:
The	90th day after the record is filed.			
	NOVEMBER 14TH			
Dated	NOVEMBER 14TH 2016			
	- Plain / Fr			
	Signature of a member or authorized representative of a member			
	PRINCE HOSKINS			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00