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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AGI TYANSATT Nam	le of Limited Liability Company	
The enclosed Articles of Amendment and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
AL	Name of Person	
_50a	CONSULTANTION Firm/Company	
46150	W72 AUR H 1(0)	
m_{lam}	City/State and Zip Code	
Accustell E-mail a	ddress: (to be used by future annual report notification	· (C)
For further information concerning this matter, p	please call:	
ANA C Name of Person	at (<u>305)</u>	y 2-5 phone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee Certificate of St		□ \$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

AGI transport 1 140	<u></u>	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	1 T
The Articles of Organization for this Limited Liability Company Florida document number 170.0007853. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Company One. Park 1/2008 Part 1/1 Company	were filed on 01-10-2017	ovisional Chicago
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	800 A Valm Aver Hialeah Fl 33010	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	800 A Palm Aver Healenh X/ 330/C)
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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

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 = 1 AMBR = 1	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00