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Registration Section Division of Corporations

	ING & TRANSPORT, LLC.	•	
UBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALBERTO P DE LA TOR	RRE	
		Name of Person	
	A.T. TOWING & TRANS	PORT, LLC.	2020 (
		Firm/Company	
	11361 SW 7 TERR		2020 SEP 15 PH 3: 19
		Address	PH W
	MIAMI, FL 33174		
		City/State and Zip Code	
	ALBERTODELATORRE6	_	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
ALBERTO P DE LA TO	ORRE	305 30 3 -1947	
Name o	r Person	Area Code Daytin	ne 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 Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.T. TOWING & TRANSPORT, LLC.		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on orda Limited Liability Company)	our records.)
he Articles of Organization for this Limited Liabilit	y Company were filed on $\frac{07/17/2}{}$	017 and assigned
orida document number L17000152860		
nis amendment is submitted to amend the following	;;	
If amending name, enter the new name of the l	imited liability company here:	
.T. TRANSPORT SERVICES, LLC		
ne new name must be distinguishable and contain the words "	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	NIA	SEP
Principal office address MUST BE A STREET AD	<u> </u>	
		ئے۔۔۔۔ پ
nter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX		
	·	
. If amending the registered agent and/or registe		ds, enter the name of the new regi
<u>gent and/or the new registered office address her</u>	<u>re</u> :	
N/4		
Name of New Registered Agent: N/.	A	
New Registered Office Address:		
	Enter Florida s	treet 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

(amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

4GR = Manager MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		\ \ \ \ \ \
			Remove
			Change
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ctive date, if other than the da	ate of filing:			_ (optional)		
effective date is listed, the date must be \underline{x} If the date inserted in this block	e specific and cannot be pri k does not meet the app	or to date of filing licable statutory	or more than 90 di filing requireme	ays after filing. mts. this date) Pursuant will not	to 605.01 be listed
iment's effective date on the Depa	artment of State's record	ds.	iiiig requireme			
ord specifies a delayed effective d	late, but not an effective	time, at 12:01 a	.m. on the earlic	er of: (b) Th	ne 90th da	ıy after t
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