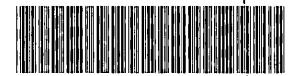
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COVER LETTER

SUBJECT: AAA CARRIERS LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:		Registration Sect Division of Corpo			1
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ### CARRIERS LLC Firm/Company		·			
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ### CARRIERS LLC Firm/Company	SUBJEC	т: <u>/-/////</u>	CARRIERS LLC		
Please return all correspondence concerning this matter to the following: Edward Loeffick Name of Person			Name of Limi	ted Liability Company	
Please return all correspondence concerning this matter to the following: Edward Loeffick Name of Person					
Please return all correspondence concerning this matter to the following: Edward Loeffick Name of Person					
Edward Loteffick Name of Person ARRCARRIERS LLC Firm/Company SYDI DW 13Th STREET Lot 38 Address GRIWSWITE FL 32653 City/State and Zip Code ARRCARRIERS 26 @ MAIL Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Area Code Daytime Telephone Number Enclosed is a check for the following armount: S25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy	The encio	sed Articles of Ar	mendment and fee(s) are subt	mitted for filing.	
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For further information concerning this matter, please call: Land Laffet			PAACARRIEL520	6@gmail.com	
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					(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

AMA CALLERS LL	\boldsymbol{C}	A Section	12:12
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears or nited Liability Company)	our records.)	25, " 1 Vin
he Articles of Organization for this Limited Liability Comp	pany were filed on	7-18-17	and assigned
lorida document number <u>L17000153815</u> .		•	
his amendment is submitted to amend the following:		1	
If amending name, enter the new name of the limited	liability company here:	:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
inter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRES	<u>s)</u>	<u> </u>	
			<u> </u>
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	,		
If amending the registered agent and/or registered egistered agent and/or the new registered office address		ur records, enter	the name of the
Name of New Registered Agent:		······································	
New Registered Office Address:			
	Enter Florida	street address	
	Cin	, Florida ַ	Zip Code
lew Registered Agent's Signature, if changing Registered Agent	City	1	zφcode
		nacity I further as	ree to comply with
hereby accept the appointment as registered agent and rovisions of all statutes relative to the proper and compaceept the obligations of my position as registered agent feing filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my t as provided for in Cha	v duties, and I am j apter 605, F.S. Or,	familiar with and if this document is
ompany has been horned in writing of this change.			

Page 1 of 3

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 adder removed from our records:			
	1GR = Manager MBR = Authorized Member		
<u> </u>	Name	Address	Type of Action
MGR	BRIANLOEFFICE	8401 NW 13TH STREET	Add
		GAINESUITE FL 32653	XI Remove
		<u> </u>	Change
			Add
			□ Remove
			Change
			Remove 2
			Change C
			C Remove
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etive date, if other than the date of filing:effective date is listed, the date must be specific and can e: If the date inserted in this block does not meet ament's effective date on the Department of State record specifies a delayed effective date on the 90th day after the record is filed.	t be prior to date of filing or more than 90 days are applicable statutory filing requirements records.	s, this date will not be	listed as
		ı	
× 10-10-17			
7 Ourment I-/			
Signature of a men	or authorized representative of a member		_
Edward LOEFFIER	or authorized representative of a member		

Filing Fee: \$25.00