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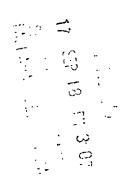
(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
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(Document Number)	
Certified Copies Certificates of	Status
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D. SCOTT **SEP** 1 9 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A & J AU Name of	TO TRANSPORT LLES
The enclosed Articles of Amendment and fee(s) are Please return all correspondence concerning this man	o. •
Robert Robert	SAJAGE Name of Person
A&J	AUTO TRANSPORT LLC Firm/Company
400	TONEY PENNA SUITE B
Jupin 77gut	City/State and Zip Code Cao gmal. com ess: (to be used for luture annual report notification)
For further information concerning this matter, plea	
ROBERT SAVAGE Name of Person	at (561) 339 0124 = Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	(5)
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of State	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee.
MAH DVA ADDDESA	ethert/country anness.

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

ADJA	UTO TE	EANSPORT LL	
(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited L	ability Company v	were filed on $8/4/17$	and assigned
Florida document number <u>L1700@</u>	<u> 1668</u> 860		
 Fhis amendment is submitted to amend the folk 	owing:		
A. If amending name, enter the new name of	<u>fthe limited liabil</u>	lity company here:	
A&J ALTO			
The new name must be distinguishable and contain the	ords "Limited Liabilit	ty Company." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	NA	
Principal office address MUST BE A STREE	T ADDRESS)		····
		,	
Enter new mailing address, if applicable:		NA	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
		8 	
B. If amending the registered agent and/ registered agent and/or the new registered of			r-tne name of the new
	•		1-3 i
Name of New Registered Agent:	NA		<u>ග</u>
New Registered Office Address:	•		
New registered Office Address.		Enter Florida street address	جن
		. Florida	9
		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

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Effectiv	e date, if other than the date o	of filing: (or	otional)
(If an effec	ctive date is listed, the date must be spe	cific and cannot be prior to date of filing or more than 90 days at	fter filing.) Pursuant to 605.0207
docume	i the date inserted in this block doo nt's effective date on the Departmo	es not meet the applicable statutory filing requirements, t ent of State's records.	inis date will not be listed as
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15 . 1	9.14 2012		
Dated _	9-14-2017		
	Signati	are of a member or authorized representative of a member	
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	Kob-	Typed or printed name of signee	
		Typed or printed name of signee	

Filing Fee: \$25.00