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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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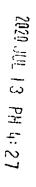
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> AUG 23 2020 S. YOUNG



COVER LETTER

TO:

Tallahassee, FL 32314

| | legistration Se Division of Cor | | | |
|-------------|------------------------------------|---|--|--|
| SUBJECT | | S AUTO TRANSPORT. LLC | • | |
| SUBJECT | · | Name of Lim | ited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | ım all correspo | ndence concerning this matter | to the following: | |
| | | YENISE CABRERA | | |
| | | | Name of Person | |
| | | ALL STARS AUTO TRA | NSPORT, LLC. | |
| | | | Firm/Company | |
| | | 4380 SW 22ND CT | | |
| | | | Address | |
| | | FORT LAUDERDALE, F | L 33317 | |
| | | City/State and Zip Code | | |
| | | - | SAUTOTRANSPORTLLC.COM | |
| For further | r information co | n-mail address: (oncerning this matter, please ca | to be used for future annual report notificall: | cation) |
| YENISE (| CABRERA | | 954 681-8988 at () | |
| | Name of | Person | | Telephone Number |
| Enclosed i | s a check for th | e following amount: | | |
| ■ \$25.00 |) Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | lailing Address | | Street Address: | |
| | egistration Solvision of Co | | Registration Sect Division of Corp | |
| | O. Box 632 | • | The Centre of Ta | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL STARS AUTO TRANSPORT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/25/2018 Florida document number <u>L18000104583</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---------------------------|----------------|
| MGR | YENISE CABRERA | 4380 SW 22ND CT | 🗆 Add |
| | | FORT LAUDERDALE, FL 33317 | □Remove |
| | | | 🗏 Change |
| MGR | LAZARO RAVELO | 4380 SW 22ND CT | ≣Add |
| | | FORT LAUDERALE, FL 33317 | □ Remove |
| | | | □Change |
| | | | □Add |
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| ffective | date, if other than the date of filing: (optional) |
| | we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 |
| f an effecti | he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t |
| an effecti <u>Vote:</u> If t | 's effective date on the Department of State's records. |
| fan effecti <mark>Note:</mark> If t | 's effective date on the Department of State's records. |
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Filing Fee: \$25.00