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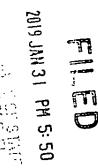
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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C. GOLDEN FEB - 5 2019

COVER LETTER

TO:	Registration Sec Division of Corp		·	•
		tic Transportation LLC		
SUBJE	~l;	Name of Limi	ited Liability Company	<u> </u>
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Apolinar Augusto Perdomo	o Valentin	
			Name of Person	
		A&A Logistic Transportati	on LLC	
			Firm/Company	
		2526 JR Street	, ,	
			Address	
		Orlando, Florida, 32839		
		aalogistictransportation@gn	City/State and Zip Code nail.com	
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Apolina	ir Augusto Perdoi	mo Valentin	407 4626424	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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 ADDRESS:

TO:

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**

A&A Logistic Transportation LLC

FILED

2019 JAH 31 PM 5: 50

A&A Logistic Transportation LLC		
(Name of the Limited 1.)	iability Company as it now appears on our rec forida Limited Liability Company)	TALLAHASSEF, FL
,,,,,		True in it is a second
The Articles of Organization for this Limited Liabili	ity Company were filed on	and assigned
Florida document number 1.18000243834		
This amendment is submitted to amend the following	ा <u>र</u>	
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 "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	·:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
* *		
(Mailing address MAY BE A POST OFFICE BOY		
B. If amending the registered agent and/or i	registered office address on our reco	ords, enter the name of the n
registered agent and/or the new registered office		reas, enter the name of the in
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dens
	City	, Florida Zip Code
	·	г.ф Соас
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this cha	and complete performance of my duties wed agent as provided for in Chapter 60 istered office address, I hereby confirm	e, and I am familiar with and 95, F.S. Or, if this document is

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Carold Virginia Henriquez Jimenez	Furcy Pichardo # 3, Apt. 6B, Santo Domingo, Dominican Rep.	= Add
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			Change
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ffective date, if other than the an effective date is listed, the date made: If the date inserted in this	ust be specific an	nd cannot be prior	to date of filing or	more than 90 day	s after filing.) Pursu	ant to 605.020
ocument's effective date on the			ible statutory ii	ing requirement	s. tins date will in	or oc nsicu a
e record specifies a delayon The 90th day after the re			t an effective	e time, at 12:	01 a.m. on th	e earlier (
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t 22		2019	Λ			
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Pated	Signature of a	member or auth	h / //	ive of a member		

Page 3 of 3

Filing Fee: \$25.00