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COVER LETTER

SUBJECT: AMERICAN WAY Transportation LLC Name of Limited Hiability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JASMINE Ore-Colon Name of Person
AMERICAN Way Transportation LLC
24316 SW 114 PATH Address
Homestead, Fl 33032- City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 659 - 6383 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Namê ôf the Limi</u>	ted Liability Company as (A Florida Limited Liabil	s it now appears on ou lity Company)	<u>records.</u>)	
The Articles of Organization for this Limited L Florida document number <u>L18000</u> 2	iability Company wer 35716	e filed on Apr	21/29/2	UDO _{and assigned}
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability	company here:		
The new name must be distinguishable and contain the v	vords "Limited Liability C	ompany," the designation	on "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applic (Principal office address MUST BE A STREE				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u> _			
B. If amending the registered agent and/or ragent and/or the new registered office address	ss here:	ress on our records.	^ 1	ne of the new registe
Name of New Registered Agent:			Pala	
New Registered Office Address:	74316	Enter Florida stree	t address	
	<u>24316</u> Homester	Zd City	Florida	3303T Zip Code
بعار والموار والموارية والموارية				

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 a 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Add
			□Remove
			□Change

	^
Note:	tive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	April 39, 3020. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	JASMINE OTE-COLOW Typed or printed name of signee