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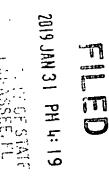
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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C. GOLDEN FEB - 7 2019

· COVER LETTER

TO:	Reg Div	istration Section of Cor	ction porations	٠.	
er (n. i.	17 £37T	AABA EXI	RESS TRUCKING LLC		
SUBJI	r.C.i:		Name of Limi	ited Liability Company	
The en	closec	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return	all correspo	ndence concerning this matter t	to the following:	
			ROSA IGLESIAS		
				Name of Person	
			AABA EXPRESS TRUCK	ING LLC	
				Firm/Company	
			4220 SW 67TH TERRACI	3	
				Address	
			GAINSVILLE FL 32608		
			AABAEXPRESS@GMAIL	City/State and Zip Code COM	
			E-mail address: (t	to be used for future annual report notifi	cation)
For fu	rther i	nformation c	oncerning this matter, please ca	all:	
ROSA	IGLE	ESIAS		954 673-2506 at ()	
		Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a	a check for th	ne following amount:		
\$2	:5.00 F	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:

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

FILED

2019 JAN 31 PM 4: 19

AABA EXPRESS TRUCKING LLC

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records Liability Company)	DATA GESTATE AND AHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number 1.19000010402	were filed on JAN 8TH 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4220 SW 67TH TERRACE	
(Principal office address MUST BE A STREET ADDRESS)	GAINSVILLE FL. 32608	
Parkers and the State of the St	4220 SW 67TH TERRACE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	GAINSVILLE FL. 32608	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
w Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
vereby accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete tept the obligations of my position as registered agent as ng filed to merely reflect a change in the registered office spany has been notified in writing of this change.	vee to act in this capacity. I fur performance of my duties, and provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
		 	☐ Remove
			Change
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			
			Remove
			Change
	- 		□ Add
		<u> </u>	□ Remove
			Change
			□ Remove
			□ Change

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<u>te:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ted _	January 25. 2019.
	Signature of a member or authorized representative of a member
	Rosa B. Iglesias
	KOSa By Lalestal

Page 3 of 3

Filing Fee: \$25.00