L19000011344

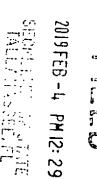
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COVER LETTER

TO:	Registration Se Division of Cor	ction porations			
C 2 1 25 2	n.cvr	A1 SHL	JTTLE & TAXI LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		A1 SHUTTLE & TAXI LLC Name of Limited Liability Company lies of Amendment and fee(s) are submitted for filing. strespondence concerning this matter to the following: Sonia Becerra Name of Person Swyft Filings, LLC Firm/Company 12605 East Freeway, Suite 540 Address Houston, Texas 77015 City/State and Zip Code filings@swyftfilings.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: nia Becerra at (877) 777-0450 Daytime Telephone Number			
		12	605 East Freeway, Suite 540		
			Address		
	Houston, Texas 77015				
		City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)	
For fu	rther information c	oncerning this matter, please ca	all:		
	Sonia B	ecerra	at (877) 777-045	50	
		f Person	Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	ne following amount:			
⊠ \$2	5.00 Filing Fee	—	Certified Copy	Certificate of Status & Certified Copy	

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 201

2019 FEB -4 PM 12: 29

FILED

A1 SHUTTLE & TAXI LLCREG WILLIAM ASSET, FI

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/09/2019 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned L19000011344 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A-1 Transportation & Shuttle Services LLC 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 _. Florida __

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

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
			☐ Remove
			☐ Change
• -			Add
			Remove
			☐ Remove
			☐ Change
			☐ Remove
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

It ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an offe Note:	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	February 01, 2019
	Signature of a member or authorized representative of a member
	Emmanuel CoHon Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00