L19000078732

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COVER LETTER

Div	ision of Cor	porations				<u>م</u> بہ
SUBJECT:	Alliance Tr	ransportation and Logistics, LL	.C			
SOLUTE I.		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			The second
Please return	all correspo	ondence concerning this matter	to the following:			
		Dinavon Bythwood				,
			Name of Person			
		Alliance Transportation ar	nd Logistics, LLC		•	
			Firm/Company			
		5035 SW 155th Ave				
		-	Address			
		Miramar, Florida 33027				
			City/State and Zip Code		-	
		alliancelogisticstx@gmail.c				
		E-mail address: (to be used for future annual	report notifi	cation)	
For further in	iformation c	oncerning this matter, please c	atl:			
Dinavon By	thwood		954 89	99 - 0945		
	Name o	f Person	Area Code	Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		Certified C	of Status &
	MAIL	ING ADDRESS:	STREE	T/COURIE	CR ADDRESS:	

Registration Section **Division of Corporations** P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Policy of th

Alliance Transportation and Logistics, LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(A Florida Limited	1 Liability Company)		6.
The Articles of Organization for this Limited Florida document number L19000078732		y were filed on 03/21/	2019	and assigned
Florida document number	·	·		
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
No change				
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	icable:	No change	·	
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	No Change		
B. If amending the registered agent and registered agent and/or the new registered	l/or registered «	office address on ou	r records, enter	the name of the ne
registered agent and/or the new registered	omice address ne	<u>.1C</u> .		
Name of New Registered Agent:	No change			
New Registered Office Address:	No change			
		Enter Florida s	street address	
	No change		Florida	
		City		Zip Code

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.

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>	Address	Type of Action
MGR	Darling, Venus	1833 Hubbard st. Jacksonville, FL 32206	Add
			■ Remove
			Change
MBR	Lane, Jeff	3549 Thorhill Drive, Jacksonville, Fl. 32277	□ Add
			Remove
			Change
·			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			Add
			Remove
			Change
	 		□ Add
			□ Remove
		 	□ Change
			Add
			Remove

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	e date must be specific an in this block does not	nd cannot be prior meet the applica	to date of filing o able statutory f	or more than 90 da		
the record specifies a) The 90th day after			t an effectiv	e time, at 12	2:01 a.m. on the	e earlier of
Dated April 13.		, 2019	- Died	BAS	_	
	Signature of a	member or autho	prized representa	tive of a member		
Dinavon Byth	1					

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Filing Fee: \$25.00