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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Cor					
SUBJECT: ANT	ine Way Ainto	Transport WC			
Sobsect	Name of Limi	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Tacqu	Name of Person	······		
	All The W	LAY AWO TVANSP	ort uc		
	10010 BOYET	te 20. STE 2921 Address	<u> </u>		
	riverview	F1 335 V9 City/State and Zip Code			
	icrewutuf E-mail address: (i	Poyanov.com to be used for future annual report notif	fication)		
For further information co	oncerning this matter, please ca	all:			
Tacquelin Name of	Person	at ( <u>78U</u> ) <u>362 - Area Code</u> Daytim	5011 e Telephone Number		
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	★ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:	gtion		
Registration S Division of C		<del>-</del>	Registration Section Division of Corporations		
P.O. Box 632		The Centre of T	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	TVANSDOY LUC ompany as it now appears on our recor- nited Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000142580</u> .	pany were filed on 5/29/1	and assigned		
This amendment is submitted to amend the following:				
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 I	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<b>2010</b>		
(Principal office address MUST BE A STREET ADDRESS	<u></u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		116 PH 5: 26		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	r the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addre	ess		
	, 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 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	<u>Victoria</u> Schoenfeld	14820 Winding creek cour	† □Add
		Tampa, F1 33413	Kemove
MGR	Yuleidi Garcia	14820 Winding creek (OU)	[ <mark>}</mark> □Add
		Jampa, F1 33/013	Remove
			□Change
			□Add
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			Changa

To whom it may concern,

As of today, the <u>23rd of December 2019</u>, I, <u>Victoria Schoenfeld</u>, submit this document as a formal notice of my resignation. Moving forward, I will no longer be responsible for any and all aspects of <u>All The Way Auto Transport LLC</u>. From this day on, I will no longer be in partnership or ownership of <u>All The Way Auto Transport LLC</u>, nor of the financial responsibilities associated. Please accept my sincerest gratitude in my departure.

Respectfully,

Victoria Schoenfeld

To whom it may concern,

As of today, the <u>23rd of December 2019</u>, I, <u>Yuleidi Garcia</u>, submit this document as a formal notice of my resignation. Moving forward, I will no longer be responsible for any and all aspects of <u>All The Way Auto Transport LLC</u>. From this day on, I will no longer be in partnership or ownership of <u>All The Way Auto Transport LLC</u>, nor of the financial responsibilities associated. Please accept my sincerest gratitude in my departure.

Respectfully,

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ective date is liste If the date inser		eific and cannot be pri- es not meet the appl	or to date of filing or icable statutory fil	more than 90 days	optional) after filing.) Pursuant to 6 , this date will not be l
d specifies a del ed.	layed effective date,	but not an effective	time, at 12:01 a.n	n. on the earlier o	f: (b) The 90th day at
Decem	ber 13	2019	·		
MCCIII	11/2 /				
	A teur	ure of a member or au	horized representati	ive of a member	

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