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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AA Trucking Logis Pics Lice Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ada M. ajete Heireles	
Firm/Company	
3815 5ta St Sw Address	
Johigh Acres FC 33976 City/State and Zip Code	
Verodispatch 20 Rgmail.com E-mail address: (to be used forfuture annual report notification)	
For further information concerning this matter, please call:	
Ada M Area Code Daytime Telephone Number Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

AA Trucking Logi	STCS 1LC	
(Name of the Limited Libbili (A Florida	S TCS LCC ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>LMD00164054</u>		signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "I	IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ZOIS AUG 30 AM SECRETARY OF TALE AHA SEED.	FILE
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name ress here:	of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:	

If Changing Registered Agent, Signature of New Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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.

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

•

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ada MAJete Meireles	3015 5th STSW	Z ******************************
		2015 5th STSW Lehigh Acres, FC 339796	Remove
			Change
			Add
			Remove
			Change
	-		□ Add
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			🗆 Remove
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			□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff	ive date, if other than the date of filing:	
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	8/22/2019	
	Signature of a member or authorized representative of a member	
	Asla M. A sete Moireles Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00