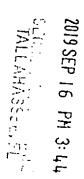
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COVER LETTER

MAILING ADDRESS:

Registration Section

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

ASG Transp	ort Gervie		
(<u>Name of the Limited Liability Co</u> (A Florida[Limi	ompany as it now appears on o ited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L190002125</u> 6	oany were filed on _08/	20/20/9 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 designa	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:		2019	
(Mailing address MAY BE A POST OFFICE BOX)		75 98 75	
B. If amending the registered agent and/or registere	d office address on our	records, enter the name of the new	A.
registered agent and/or the new registered office address		الم الم	_
Name of New Registered Agent: A	in Santo	ana Vonzalez	
New Registered Office Address:	0.00		
	Enter Florida sti		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my a t as provided for in Chapt	duties, and I am familiar with and ter 605, F.S. Or, if this document is	•

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
MUR	Hain Santana bonzalez	424 Aspen road	2 Add
bonzalez	WPB, FC 33409	🗆 Remove	
		Change	
		🗆 Add	
		□ Remove	
		Change	
		🗖 Add	
		Remove	
		Change	
		🗆 Add	
		Remove	
		Change	
		Add	
		Remove	
		Change	
		🗆 Add	
		□ Remove	
			□ Change

У. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:
f the re b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: le 90th day after the record is filed.
Date	d 09/12/2019.
	Signature of a member or authorized representative of a member
	Hain Santana (Donzalez Typed or printed name of signee

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Filing Fee: \$25.00