L20000074149

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: LEY	Auto Transpo	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for tiling.	
Please return all correspond	ence concerning this matter to	the following:	
	Dinahle	Page of Person	
	L & Y FLHO	Transport W	<u></u>
	2100 S. CO	Madres Rd. #V	9
	orlando,	FL 32817	<u> </u>
	Uautoty E-mail address: (to	o be used for luture annual report notific	eation)
For further information con	cerning this matter, please ca	11:	
Dirahlee Name of P	Palomino	at (773) 367- Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		·
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa) (A Florida Limited L	n as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000074149</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	🔿
The new name must be distinguishable and contains he words "Limited Liabil	ity 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)	2100 S. convay Rd. #VU orlando, FL 32812
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2100 5. Conway Rd. #VU 01101010, FU 32812
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	. Florida Zip Code
San Danierand Agant's Signature if changing Registered Agent	

New Registered Agent's Signature, if changing Registered Ag

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			S S Add
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e record specifies a delayerd is filed.	ed effective date, bu	n not an effective	time, at 12:01 a.m	on the earlier of: (b) The 90	th day añ	ter th
Dated Tire	Joth	<u> </u>	<u>3</u> .				
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Filing Fee: \$25.00