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JUN 18 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: SAR AUTO	TRANSPORT LLC		
Name of Li	mited Liability Company		
The enclosed Articles of Amendment and fee(s) are st	ibmitted for filing.		
Please return all correspondence concerning this matter to the following:			
	+ Person		
<u>SAA</u>	ANTO TRANSPORT 11C		
420 W	53ST HIRLEAN		
FC	33017		
	City/State and Zip Code		
SAHAUTO TRANSPORTO VALIDO - COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please	call:		
TANKT NOVES	at (786) 382 1214  Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
□ \$30.00 Filing Fee   □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2.77
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 518160 and assigned
Florida document number L 20000 13 4414
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
SAA AUTO TRAISSORT LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 470, W 5355
(Principal office address MUST BE A STREET ADDRESS) HIA SAN FL 33012
Enter now welling address if applicables 420 (1) 5 3 ST
Enter new mailing address, if applicable:  40 0 55  11 10 10 10 7
(Mailing address MAY BE A POST OFFICE BOX)  H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered
agent and/or the new registered office address here:
TANGET REVES
Name of New Registered Agent:
New Registered Office Address: 470 W 5551
1150/= 00 32017
City Florida Zip Code
ew Registered Agent's Signature, if changing Registered Agent:

wereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability apany 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>	<u>Address</u>	Type of Action
MGR	THUST POYES	420 W 535+ HAI	FC 3301
			□Remove
			Change
<del></del>		<del></del>	bbAC
			□Remove
			□Change
			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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TO BE SEND DENIN THE EMAIL I COULDE
could took that
COUNT OFFI
E. Effective date, if other than the date of filing:
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 5/28 a 26.26;
Signature of a member or authorized representative of a member
thisti River
Tour descripted come of Sciences

Filing Fee: \$25.00