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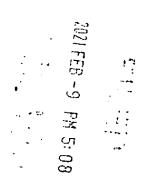
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MAR 8 0 2021 S. YOUNG



## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

UBJECT: 630 Althe transpartetici) LUC	
Name of Limited Liability Company	
ne enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Guilane Guillauira Name of Person	
63) Auto Transportation	
1498 SW DIMPERIO AVE	
pret Schrt Likie Fl 34950 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Sul Circle Guillaure at (954) 6375978  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Statu (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address:Street Address:Registration SectionRegistration Section	
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

A3J Auto Tro	orsportedien LC
( <u>Name of the Limited Lial</u> (A Flor	ability Company as it now appears on our records.)
The Articles of Organization for this Limited Liability  Florida document number	ty Company were filed on 8 31 200 and assigned
A. If amending name, enter the new name of the li	limited liability company here:
Doubleage logistics	Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	11 - 120 - 160
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1498 SW Dimperio AVC Post Scintlikie Fl 31957
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Registered Agent:	Aulaine Guillaume
New Registered Office Address:	6300 N W. CHNOM RC
ρ	Nelbauize Fl Florida 32940  City Zip Code
New Registered Agent's Signature, if changing Registe	tered 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 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
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Note:	tive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ont's effective date on the Department of State's records.
ord is file	
Dated_	January 28 2021
	January 28 2021  Signature of a member or authorized representative of a member
	Guilaine Guillaume

Filing Fee: \$25.00