## 121000047286

(Re	equestor's Name)	<del></del>
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(Ĉi	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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## COVER LETTER

TO: Registration Sec Division of Corp	orations		
SUBJECT:AL	Around Tr Name of Lim	ited Liability Company	LLC_
The enclosed Articles of Z	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Jhon 1	_ouider	
		Firm/Company	<del></del>
	1528 NW	8thave	
		City/State and Zip Code	11
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	ali:	
Shon L Name of	Person	at ( <u>954</u> ) <u>901 -</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
<b>☎</b> \$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)
Mailino Addrass		Street Address	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Aron 2 Transport (Name of the Limited Liability Company (A Florida Limited Liability)	Kings LLC	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	r as it now appears on our records.) ibility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on $01/26/21$	and assigned
Florida document number <u>L 21006047286</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	· <u>-</u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac	ldress on our records, enter the nam	e of the new registered
agent and/or the new registered office address here:		
N. CN. D. S. LA		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<del> </del>
New Registered Office Address:	Enter Florida street address	r-1
		= 5
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City.	
I hereby accept the appointment as registered agent and agree	a to get in this agreeity. I further go	E control control to
provisions of all statutes relative to the proper and complete p		
accept the obligations of my position as registered agent as pr		
being filed to merely reflect a change in the registered office a	aaress, i nereby conjirm inat the tin	шеа нарицу

company has been notified in writing of this change.

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
CEO	Jonathan Wallace	1135 NW 7th To	□ Add
		Fort Landerdule, FL 33311	<b>%</b> Remove
			🖸 Change
AMBR	Jonathan Wallace	1135 NW 7th Ter	<b>X</b> Add
		Fort Landercale, FL 3331	□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

f an effectiv <u>Note:</u> If t	date, if other than the date of filing:
e record sp d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 11 . 2021.
	Signature of a member or authorized representative of a member
	Typed or printed name of signce