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(Requestor's Name)
(Address)
(Address)
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(City/Chath City/Dhail 10
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Socialism Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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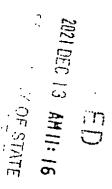
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A. RIVERS
DEC 2 8 2021



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12/13/21--01014--011 **25.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	AA AUT	O TRANSPORTATION LLC	
SUBJECT:	Name of Limi	ted Liability Company	
. The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 S	STE 220	
		Address	-
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code M	
	E-mail address: (to be used for future annual report nor	tification)
For further information c	oncerning this matter, please co	all:	
LOVETTE DOBSON		1 888-462-34	53
Name o	f Person	Area Code Daytin	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	55:	Street Address:	action

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

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

· AA AUTO TRANSPORTATION LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/2}{1}$. Florida document number $\frac{L21000093053}{1}$	5/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
AA AUTO HAULING LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(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 address on our reagent and/or the new registered office address here:	cords, <u>enter the name of the new registers</u>
Name of New Registered Agent:	
	25 PB1
New Registered Office Address: Enter Florid	du street address
City	Zip Code TI
New Registered Agent's Signature, if changing Registered Agent:	Fs = 0
I hereby accept the appointment as registered agent and agree to act in this confidence of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in Cobeing filed to merely reflect a change in the registered office address. I hereby company has been notified in writing of this change.	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is

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>Tiţle</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			Change
			□Remove
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Effect	ive date, if other than the date of filing: (optional) fective 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 (
If an ef	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Note:	nent's effective date on the Department of State's records.
Note: docum	
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docun	rd 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
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docum se reco ord is f	iled.
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