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TO:

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SOBJEC	-1:		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee			
			Name of Limited Liability Company ce(s) are submitted for filing. g this matter to the following: Name of Person Insportation LLC Firm/Company Blvd Apt 704 Address I322 City/State and Zip Code 1904@gmail.com Inail address: (to be used for future annual report notification) Iter, please call: at (1) Area Code 1004 Area Code Daytime Telephone Number Int: g Fee & S55.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
		A1 Turner Transportation	LLC	
			Firm/Company	
		201 Harmony Blvd Apt 70	4	
			Address	
		Pooler, GA 31322		
			City/State and Zip Code	-
For fu r th	er information c			uncation)
Andrew	Turner			
	Name o	f Person		me Telephone Number
Enclosed	l is a check for th	ne following amount:		
D \$25.	00 Filing Fee	——————————————————————————————————————	Certified Copy	Certificate of Status & Certified Copy
	Registration S	Section	Registration S Division of Co	orporations
	P.O. Box 632 Tallahassee, I			Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A1 Turner Transportation LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 9,2021	and assigned
lorida document number L21000112275		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		22
		Ju Sign
		1 077
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	w	
		-;
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	ddress on our records, enter the	name of the new registe
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address	
	r.nier r ioriaa street aaaress	
	, Florid	9 Zip Code
	City	mp come

New Registered Agent's Signature, if changing Registered 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 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
mgr	Denice Brown	201 Harmony Blvd Apt 704 Pooler, GA 31322	■Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change Store
			BAdd Sign
			☐ GRemoye
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ecord specil is filed.	fies a delayed effe	ctive date, but n	ot an effective	time, at 12:01	a.m. on the earli	er of: (b) Th	e 90th da	y after th
ited	5- 30		<u> 202</u>	2.				
		2/2	12	.=				
		Signature of	a member or au	thorized represen	ntative of a membe	r		