

L21000133097

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AJ ACCOUNTING SERVICES, INC.
Account Number : I20110000092
Phone : (305)448-9584
Fax Number : (305)448-9569

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A&E TRANSPORTING GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

APR 14 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&E TRANSPORTING GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMANDA L TOMANY

Name of Person

A&E TRANSPORTING GROUP LLC

Firm/Company

7950 NE BAYSHORE COURT # 1910

Address

MIAMI, FL 33138

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMANDA L TOMANY

Name of Person

at

(305)

448-9584

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



\$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)

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

2021 APR 13 AM 10:39

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 03/22/2021 and assigned
Florida document number: L21000133097

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

EDDY FRANCOIS

New Registered Office Address:

7950 NE BAYSHORE COURT # 1910

Enter Florida street address

MIAMI

City

Florida 33138

Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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FILED

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>	<u>Type of Action</u>
AMBR	AMANDA L TOMANY	7950 NE BAYSHORE COURT APT 1910	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALAA F JOUDA	7950 NE BAYSHORE COURT APT 1910	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 APR 13 AM 10:39

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 APR 13 AM 10:39

100

E. Effective date, if other than the date of filing: _____ (optional)

(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 APRIL 13 2021

Signature of a member or authorized representative of a member

AMANDA L TOMANY

AMANDA L TOMANY

Typed or printed name of signee

Filing Fee: \$25.00