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DIVISION OF COMPORATION

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COVER LETTER

TO: Registration Section **Division of Corporations** A.O.E. TRUCKFIT LOGISTICS, LLC SUBJECT: _ 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: MAHMMUD ALAYYAN Name of Person Firm/Company 273 SW MOSELLE AVE Address PORT ST LUCIE, FL 34984 City/State and Zip Code amenalayyan@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 490-1992 561 Mahmmud Alavvan Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, **■ \$**25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

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

A.O.E. TRUCKFIT LOGISTICS, LLC (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 ______ and assigned Florida document number 1.22000011808 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 "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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AMEN ALAYYAN	5115 SYLVESTER LOOP, TAMPA, FL 33610	./
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fective date, if other than t	he date of filing:		(optional)
n effective date is listed, the date n	nust be specific and cannot be prior to block does not meet the applicab	o date of filing or more than 90	days after filing.) Pursuant to 605.02
cument's effective date on the	Department of State's records.	the statutory trining requirem	icitis, titis date will not be fixed
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ecord specifies a delayed effec	tive date, but not an effective tim	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day after th
is filed.			
JULY 1	2022		
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//	Signature of a member or author	ized representative of a memb	er