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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: AAF TRANSPORT Name of Limited	& BEYOND LLC Liability Company
The enclosed Articles of Amendment and fee(s) are submitted. Please return all correspondence concerning this matter to the	
Akeem R.	Francis Name of Person
N/A	Firm/Company
5304 Pinto	Address
	32810 ity/State and Zip Code
Francis_Akeem E-mail address: (to be	roy@yahoo.com used for future annual report notification)
For further information concerning this matter, please call:	
AKeem Francis Name of Person	at (<u>407</u>) <u>404 - 97/3</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \$\Bigcup Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L.22.000040474</u> .	by were filed on $01/21/2027$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia AAF LANDSCAPING & BEY The new name must be distinguishable and contain the words "Limited Lia	10ND LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5304 Pinto Way Orlando, FL 32810
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5304 Pinto Way Orlando, FL 32810
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent: N/A	
New Registered Office Address:	850 BroadStone Way Apt 127 Enter Florida street address
Altan	nonte Springs, Florida 327/4 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

AND TONICORAT

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, <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
N/A	NIA	N/A	□Add
			□Remove
			□ Change
			□Add
		•	□Remove
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			□Remove
		□ Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I would also like to amend the purpose the
business description. The business purpose will
include install and maintain lawns, trees, yards,
'. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
gardens, and other lawn care needs.
E. Effective date, if other than the date of filing: (optional)
E. Effective date, if other than the date of filing:
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 09/23 2022.
Signature of a member or authorized representative of a member
Akeem Francis Typed or printed name of signee
Typed or printed name of signee