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COVER LETTER

то:	Registration Se Division of Cor	ection . porations		
SUBJE	A & F TRA	ANS LLC	•	
CODSE	<u> </u>	Name of Lin	nited Liability Company	12.54
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		FRANCOISE SIVILMA		
			Name of Person	
			Firm/Company	
		4798 S FLORIDA AVE N	NO. 129	
			Address	
		LAKELAND, FL 33813		
		aandftransllc@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifica	ation)
For furth	ner information co	oncerning this matter, please ca	all:	
FRANCOISE SIVILMA			863 398-6450 at ()	
	Name of	Person	Area Code Daytime T	clephone Number
Enclosed	l is a check for th	e following amount:		
■ \$25.00 Filing Fee		☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Section	on

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 & F TRANS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 01/24/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
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 here:	ce address on our records, <u>enter the</u>	SECRETARY OF STANDARD OF the New register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la
	City	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

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	FRANCOISE SIVILMA	4798 S FL AVE #129 LAKELAND, FL 33813	= Add
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an effec	ve date, if other cuive date is listed, t If the date inserted	he date must be spe Lin this block do	ecific and cannot	be prior to date of	f filing or more that utory filing read	in 90 days after iirements, this	filing.) Pursuant date will not b	to 605,020 oc listed :
locume	ent's effective dat	e on the Departn	nent of State's r	records.		,		
record d is file	I specifies a delay	ed effective date	, but not an effe	ective time, at 1	2:01 a.m. on the	earlier of: (b) The 90th da	y after th
d is inc	-u.							
Dated _	06/16/2023		/					
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	FRANCOISE	CIMILAGA						

Filing Fee: \$25.00