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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AA& MR Transport Solutions LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Statement of Correction and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jose Manuel Rodinguez Viamonte Name of Persons J AA&MR Transport Solutions LLC		
A.		
12 18 NE Bth Ter Address		
City/State and Zip Code		
E-mail address! (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jose M. Rodinguez Viamorte at 305, 902-9174 Name of Person Area Code Daytime Telephone Number		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		
Enclosed is a check for the following amount:		
□ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee . Certificate of Status		

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant	to section 605.0209, F.S., this document is being submitted to correct a previously filed document.
FIRST: T	The name of the limited liability company is: A-A&HR Transport Solutions LLC
SECONI	Decument to be corrected is: Certificate of status and authentication
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
S	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
-	Business portner update. The owner and only partner of the companies Tose Manuel Rodrines Viamonte, please remove Amande Casal Acosta and leave Jose A. Rollingues Viamonte as sole partners
-	Casal Acosta and leave Jose A. Rollinguez Viamonte as sole parti
9	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
-	D: vi
-	SEP
<u> </u>	OR P
	The electronic transmission of the record was defective. 10/24/2023
	Signature of Authorized Representative Date
	of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign the designation).
I hereby of provision obligation	istered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the is of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ins of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change in the registered office address, I hereby confirm that the limited liability company has been notified in writing ange.
	Registered Agent's Signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)