L23000248865

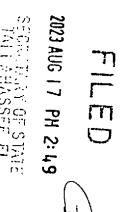
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COVER LETTER

	Registration Se Division of Cor				
	·	A2B Rush	Transport LLC		
SUBJEC	1;	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
			Guiannina P. Uceda		
			Name of Person		
A2B Rush Transport LLC					
Firm/Company					
		10	981 Heritage Key Blvd. A	Apt 104	
Address					
			Kissimmee , Florida 347	44	
			City/State and Zip Code		
		a2brush	ntransport17@gmail.com		
		E-mail address: (to be used for future annual	report notification)	
For furthe	er information co	oncerning this matter, please co	all:		
	Guiannina P.	Uceda	407	861-7844	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
€ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	Certificate of Status &	
-	Mailing Addres Registration S		<u>Street A</u> Registr	ddress: ation Section	
1	Division of C	orporations	Divisio	n of Corporations	
	P.O. Box 632 Tallahassee, F			ntre of Tallahassee . Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A2B Rush Transport	LLC		
(Name of the Limited Liability Compar (A Florida Limited E	<u>ty as it now appea</u> iability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.23000248865	were filed on _	05/22/2023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation "LLC" or the abbre	
Enter new principal offices address, if applicable:		<u> </u>	2023
(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 a agent and/or the new registered office address here:	ddress on our	records, enter the name	\$ D
Name of New Registered Agent:			
New Registered Office Address:	Enter Fle	orida street address	
		, Florida	· · · · · · · · · · · · · · · · · · ·
New Registered Agent's Signature, if changing Registered Agent:	City [.]		Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance o provided for in	f my duties, and I am far Chapter 605, F.S. Or, if	niliar with and this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	Mauricio Salvador Ferreyra	1981 Heritage Key Blvd. Apt 104.Kissismme, Fl 34	744 ≡ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□ Change

. If amending	g any other informatio	on, enter change(s) h	ere: (Attach additi	onal sheets, if neces	ssary.)
				<u>-</u>	
					
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(If an effective Note: If the		e specific and cannot be pr k does not meet the app	licable statutory tilir		nal) iling.) Pursuant to 605.0207 (I date will not be listed as th
he record spec ord is filed.	rifies a delayed effective o	date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated	08/15/	2023			
_	Si	gnature of a member or all	thorised representative	e of a member	<u></u>
		/ Guiannina	P. Uceda		
_		Typed or pr	inted name of signee		· · · · ·

Filing Fee: \$25.00