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COVER LETTER

TO: Registration Se Division of Con				
	Auto Transport LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Jesus Maldonado			
		Name of Person	_	
	Concierge Auto Logistics I	LC.		
	***	Firm/Company		
	1197 Cavender Creek R	oad		
		Address		
	Minneola, FL. 34715			
		City/State and Zip Code		
	Concierge AutoLogistics @g	mail.com to be used for future annual report not	(ilication)	
For further information of	concerning this matter, please c		incation)	
Jesus Maldonado		407 963-9898 at ()		
Name o	of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for t	he 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)	
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 633 Tallahassee,		The Centre of 2415 N. Monro	tallahassee pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Concierge Auto Transport LLC.		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability lorida document number L24000060469	Company were filed on02/01/2024	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lir	nited liability company here:	
Concierge Auto Logistics LLC.		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
		,
ater new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	l cm ll	·
If amending the registered agent and/or registere gent and/or the new registered office address here:		e name of the new regis
gent and of the new registered office address here.	•	
N. CN. D. C.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florio	da
	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
			□Add
			□Remove
			⊡Clange
			□Add
			□Remove
			□Clringe
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove

D. Ham	cending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note:	tive date, if other than the date of filing:
If the reco record is f	rd 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 ided
Dated	February 19 2024
	Agnature of a member or authorized representative of a member
	Jesus Maldonado Typed or printed name of signee