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OB APR 30 PH 2: 10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MEK Transportation LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Merrick Myrie (Name of Person)
(Name of Person)  MEK Transbortation LLC  (Firm/Company)  678 Mosquero Avenue  (Address)  Deltona, F. 32738
678 Mosquero Avenue Ho 3
Deltona, Fr. 32738 (City/State and Zip Code)
For further information concerning this matter, please call:
Merrick Myrie at (321) 696 9868  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\sqrt{\$\\$25.00 \text{ Filing Fee}}\$\$  \sqrt{\$\\$30.00 \text{ Filing Fee} &  \text{Certified Copy} &

### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEK Tran	15 bortation	LLC	
(Name of the Limited	Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on	in 22,20	<b>⊘</b> 8 and assigned
This amendment is submitted to amend the following	lowing:		08 APR 30
A. If amending name, enter the new name o	f the limited liability company here	:	30 PR
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compan	y," the designation "	LLC" or the abbayjation?
B. If amending the registered agent and registered agent and/or the new registered o		r records, <u>enter</u>	the name of the new
Name of New Registered Agent:		_	
New Registered Office Address:	678 MOSQUE	er Florida street ad	ddrass)
	Deltona	, Florida	32738
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Address</u> **Type of Action** Title Name Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of almember or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00