

L1100011294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

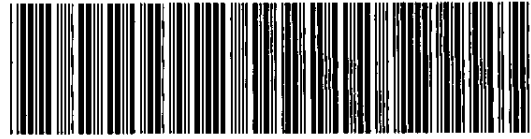
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
CORRECTIONS PER CONVERSATION
WITH SHAWN CLEMENTS
11-30-2011 KS

Office Use Only



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11/28/11--01017--016 **25.00

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11 NOV 29 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. BAILY
EXAMINER
Nov 30, 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beyond Limits Trucking L.L.C
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:

Shawn Clements
Name of Person

Beyond Limits Trucking LLC
Firm/Company

1020 W 2nd St
Address

Riviera Beach FL 33404
City/State and Zip Code

Beyondlimits trucking@gmail.com ~~Beyond Limits Trucking LLC~~
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Clements at (501) 541-9410
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED
11 NOV 29 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Beyond Limits Trucking LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/28/11 and assigned
Florida document number 400212654634 L11000111294

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Beyond Limits Trucking LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1020 W 2nd St
Riviera Beach FL 33404

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Jame

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

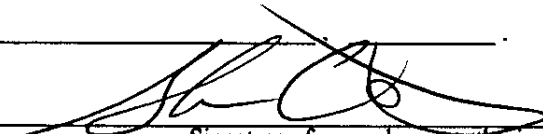
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Shawn Clements	1000 W 2nd St Riviera Beach FL 33404	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	Removing "SR" FROM MGR NAME		
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

Shawn Clements

Typed or printed name of signee