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D SCOTT

JUN - 4 2019

COVER LETTER

10:		istration Se ision of Cor			
SUBJEC	CT.	Darklin LL	С		
SUBJEA	CI:		Name of Limit	ted Liability Company	
The encl	losed	Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn	all correspo	ndence concerning this matter t	o the following:	
			Michael M Linderman		
			Samson Transportation LLC	Name of Person	~ ?
			PO Box 1710	Firm/Company	:
			Auburndale FL 33823	Address	<u></u>
			michael102481@yahoo.com		·
For furth	ner ir	iformation co	E-mail address: (to oncerning this matter, please ca	o be used for future annual report notif	fication)
		Jinderman		305 407-4256	
		Name of	f Person		e Telephone Number
Enclosed	d is a	check for th	e following amount:		
≡ \$25.	.00 F	iling 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)
		Registra Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Darklin LLC	1				
(Name of the Limi	ited Liabilit (A Florida	ty Company Limited Lia	as it now appears on bility Company)	our records.)	
The Articles of Organization for this Limited L					and assigned
Florida document number L19000109142		<u>_</u> ,			
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limi	ited liabili	ty company here:		
Samson Transportation LLC					
The new name must be distinguishable and contain the	words "Limi	ited Liability	Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		203 McKean St		
(Principal office address MUST BE A STREE	ET ADDR	(ESS)	Auburndale FL 338	23	
	Ī				
					,
Enter new mailing address, if applicable:			PO Box 1710		
(Mailing address MAY BE A POST OFFICE	BOX		Auburndale FL 338	23	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			ce address on ou	r records, <u>ente</u>	r the name of the new
New Registered Office Address:	203 M	cKean St			
New Registered Office Address.			Enter Florida s	street address	
	Aubun	ndaie		, Florida _	33823
			City	, <u>-</u>	Zip Code
New Registered Agent's Signature, if changing	Registered	l Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and co istered ag registere	omplete pe gent as pro	erformance of my ovided for in Cha <mark>j</mark>	duties, and I am oter 605, F.S. O	familiar with and r, if this document is
		If Changi	ng Registered Agent,	Signature of New I	Registered Agent
		Page 1 o	of 3		

MGR = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Remove
			Change
			
			Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			Change
			Remove
			☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

, it amei	iding any other miormation,	enter change	(s) here. (Match datahondi Sheets, y hecessary.)
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Effectiv	ve date, if other than the date	05/ of filing:	13/19 (optional)
(If an effe Note:	ctive date is listed, the date must be s	pecific and canno loes not meet th	t be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) the applicable statutory filing requirements, this date will not be listed as the
	ord specifies a delayed eff 90th day after the record		but not an effective time, at 12:01 a.m. on the earlier of:
;	Mav 14	201	
Dated_	·		
	Sign	ature of a membe	r or authorized representative of a member
	Michael M Linderman		
		Турес	or printed name of signee

Page 3 of 3

Filing Fee: \$25.00