L030000/9870

	(Reques	stor's Name)
	(Addres	s)	
	(Addres	s)	=
	(City/Sta	ate/Zip/Phor	ne #)
PICK-	UP [WAIT	MAIL
	(Busine	ss Entity Na	me)
	(Docum	ent Number)
Certified Copies		Certificate	es of Status
Special Instructio	ne to Eilin	o Officer	

A. LUNT

SEP 19 2011

EXAMINER

Office Use Only



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COVER LETTER

Division of C	orporations				
SUBJECT:	Finch Tra	nsportation, LLC			
, SOBJECT.		ted Liability Company			
- 15 					
·					
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	-	John Finch Name of Person			
		Name of Person			
	Fin	ch Transportation, LLC			
		Firm/Company			
		181 Lynn Dr			
. va		Address			
কু কুট	Sant	a Rosa Beach, FL 32459			
		City/State and Zip Code			
	iohr	@sunshineshuttle.com			
	E-mail address: (to be used for future annual report notifica	tion)	An Sh	
For further information	n concerning this matter, please of	ail·		2111 SEP 16 SECRETARY ALLAHASSEL	
e :	r concerning this matter, preuse e			££. €	
riginal de la companya de la company	John Finch	at (_850_)68	50-6333	77	M
Name Name	e of Person	Area Code & Daytime T		85 8	O
				3.5	
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filir	ng Fee, e of Status &	
,	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified		
,			(additiona	I copy is enclosed	1)
,					

ŢO:-

Registration Section

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

Finch Tra (Name of the Limited Liability ((A Florida Li	ansportation, LLC Company as it now appear mited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number L03000019870	ompany were filed on	6/2/2003	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	ed liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	iny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		22
			AN S
And the second s			A TO
Enternew mailing address, if applicable:			SE SE
	-		3 3 M
*(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or registe	med office address on a	waaanda antan	the name of the name
registered agent and/or the new registered office addre		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	·		
	En	ter Florida street add	dress
		, Florida	
	City	,	Zin 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 acceptified 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 br Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Kristen Summerell	18 Seabreeze Place Panama City Beach, FL 32413	
MGR	John Finch	18 Seabreeze Place Panama City Beach, FL 32413	Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
*			Zal SE
			\$55.0 \$6.0 \$6.0 \$6.0 \$6.0 \$6.0 \$6.0 \$6.0 \$6
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	SEREMANDE STATE OF THE STATE OF
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		^	
Dated	Wasten In	mmerell	
	\cup	er or authorized representative of a member Kristen Summerell	
		d or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00