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SECRETARY OF STATE

2016 AUG 12 PH 3: 2

K. SALY EXXXINER LUG 16

2	ision of Corporations FINCH TRANSPORTATION, LLC		
SUBJECT:		imited Liability Company	
The enclosed	Articles of Amendment and fee(s) are su	ubmitted for filing.	
Please return	all correspondence concerning this matter	er to the following:	
	JOHN FINCH		
		Name of Person	
	FINCH TRANSPORTA	TION, LLC	
		Firm/Company	
	323 LYNN DRIVE		
		Address	
	SANTA ROSA BEACH	, FL 32459	
		City/State and Zip Code	· -
	ACCOUNTING@SUNSI		
D - C - 4 1		to be used for future annual report notifi	cation)
For further in	formation concerning this matter, please	call:	
JOHN FINC	н 📐	850 650-6333 at ()	
	váme of Person		Telephone Number
Enclosed is	check for the following amount:	•	
■ \$25.00 F	lling Fee	□ \$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 2016 AUG 12 PM 3-28 MALLAHASSEE, FLORIDA

FINCH TRANSPORTATION, 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 Compan	y were filed on 06/02/2003	and assigned
Florida document number L03000019870		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company." the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our records, ent	er the name of the nev
registered agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	•
I hereby accept the appointment as registered agent and ag		agree to comply with the
provisions of all statutes relative to the proper and complet	te performance of my duties, and I a	m familiar with and
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	i provided for in Chapter 605, F.S. (re address: I hereby confirm that the	Or, if this document is limited liahility
company has been notified in writing of this change.	o addi oss, i noi ocy conjii ii iidi iid	

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
MGR	M. NOOR ISSA	9333 MEMORIAL DR. #210	
		HOUSTON, TX 77024	■ Remove
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	<u>.</u>		□ Add
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Effective date, if other than the date of filing: AUGUST 11, 2016 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.		1 1				
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Page 3 of 3

Filing Fee: \$25.00

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