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JUN 23 2010

EXAMINER



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Se Division of Cor	ection porations	•	•		
SUBJECT: NC		RANSPORT SERVICE	SLLC		
• .					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	PER	MITTING DEPARTMENT			
g		Name of Person			
	THE SIMPLEX GROUP				
•		Firm/Company			
	!	5800 NW 74TH AVE			
		Address	• (
	MIAMI FL 33166				
•	City/State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information co	oncerning this matter, please c	all:			
PERMITTI	NG DEPARTMENT	at (305)	599-8287		
Name o	ne of Person Area Code & Daytime Telephone Number				
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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

NORTH AMERICAN TRAI	NSPORT SER	VICES 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	05/10/2004	and assigned					
Florida document number L0400035503							
This amendment is submitted to amend the following:		ř					
A. If amending name, enter the new name of the limited liab	ility company here	•					
and the state of t	HALF TOURPHINE HELF	•	•				
The new name must be distinguishable and end with the words "Limi	ted Lightlity Compan	y " the designation "I	I C" or the abbreviation				
"L.L.C."	ica Blacking Compan	y, the acongnation 2					
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)			=1.				
			IN E				
Enter new mailing address, if applicable:			No.				
• • • • • • • • • • • • • • • • • • • •	1 -		mc P IT				
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered off	fice address on on	ir records enter tl	<u> </u>				
registered agent and/or the new registered office address here		11 1 CCO1 (13) <u>011 CC 11</u>	TO HAMPS OF THE MOTE				
Name of New Registered Agent:							
			···				
New Registered Office Address:	Ente	r Florida street addr	229				
	2	. To fem by but side,	w				
	City	, Florida	Zip Code				
	City		ap coue				
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 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 Title <u>Address</u> Type of Action **MGRM** RIGOBERTO DIAZ 5719 SW 42 TERR SOUTH MIAMI EL 33155 ✓ Add Remove Add Remove ☐ Add Remove Add Remove Add Remove ∐∧dd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 16th 2010 Signature of a member or authorized representative of a member Typed or printed name of signce

> Page 2 of 2 Filing Fee: \$25.00