

# L04000085179

\_\_\_\_\_  
(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:

Office Use Only



500139466405

01/08/09--01007--005 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN - 8 PM 2:32

J. BRYAN

JAN - 9 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SSH Transporter 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:

Monica Henderson  
(Name of Person)  
SSH Transporter  
(Firm/Company)  
1805 N.E 1st ST  
(Address)  
Cape Coral, Fl 33909  
(City/State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN - 8 PM 2:32

For further information concerning this matter, please call:

Monica Henderson at (239) 458-7856  
(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

SSH Transporter L.L.C.

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

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
09 JAN - 8 PM 2:38

The Articles of Organization for this Limited Liability Company were filed on 11/24/2004 and assigned  
Florida document number LC000085179

This amendment is submitted to amend the following:

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

N/A  
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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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: Monica L Henderson

New Registered Office Address: 1805 N.E 1st St  
(Enter Florida street address)

Cape Coral, Florida FL 33909  
(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.

Monica L Henderson  
(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>
MGRM	Monica Henderson	1805 N.E 1st ST Cape Coral FL 33909	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Karen L. Ackelson	1805 N.E 1st ST Cape Coral, FL 33909	<input type="checkbox"/> Add <input checked="" 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 1-6-09, \_\_\_\_\_.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Karen L Ackelson  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN - 8 PM 2:32

**STATEMENT OF OWNERSHIP**

This certifies that I, Monica Henderson am a member or  
(APPLICANT'S NAME)  
managing member of SSH Transporter LLC.  
(LIMITED LIABILITY COMPANY NAME)

I own 50 % of the units issued by the Limited Liability Company  
listed above.

**Affidavit of Applicant: I certify that the information contained herein is true  
and correct to the best of my knowledge.**

Monica Henderson  
(PRINT NAME)

Monica Henderson  
(APPLICANT'S SIGNATURE)

1-6-2008  
(DATE)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN - 8 PM 2:32

**STATEMENT OF OWNERSHIP**

This certifies that I, William H Corp Jr am a member or  
(APPLICANT'S NAME)

managing member of SSH TRANSPORTERS LLC  
(LIMITED LIABILITY COMPANY NAME)

I own 50 % of the units issued by the Limited Liability Company  
listed above.

**Affidavit of Applicant: I certify that the information contained herein is true  
and correct to the best of my knowledge.**

William H Corp Jr  
(PRINT NAME)

William H Corp Jr  
(APPLICANT'S SIGNATURE)

1-6-09  
(DATE)

FILED  
09 JAN -8 PM 2:32  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS