# 40500011028

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## **COVER LETTER**

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вив вест.	ARSTOW 1	TRANSPORTATION, LLC		707
SUBJECT:  Name of Limited Liability Company				
The enclosed Ar	ticles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all	correspon	dence concerning this matter t	o the following:	
		Rodney L. Clark		
			Name of Person	
		Barstow Transportation, LI	C	
			Firm/Company	-
	Firm/Company 5117 Tari Stream Way Address			
			Address	
		Brandon, FL 33511		
		rodney@barstowtransportati	City/State and Zip Code ion.com	
		E-mail address: (t	o be used for future annual report notific	ration)
For further info	rmation co	ncerning this matter, please ca	ıll:	
Victor J. Troia	10		863 686-7136	
	Name of	Person	at () Area Code Daytime '	Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fili	ng 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**

#### BARSTOW TRANSPORTATION LLC

T(			
ARTICLES OF O	RGANIZATION		
O	iv as it now appears on our records.) iability Company)		
BARSTOW TRANSPORTATION LLC			
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.)		
(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company	71.5 G		
Florida document number L05000011028			
This amendment is submitted to amend the following:			
~			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili			
Enter new principal offices address, if applicable:	2665 Sleepy Hollow Lane		
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, FL 33810		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here			
	<del>"</del>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Marida		
	, Florida City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and orovided for in Chapter 605, F.S. Or, if this document is		

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>	Name	Address	Type of Action
MGR	William J. Barstow	2665 Sleepy Hollow Lane	
		Lakeland, F1, 33810	U /\dd
			Remove
			<b>■</b> Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
		- ·	Remove
			☐ Change

D. If amending any other info	ormation, enter ch	ange(s) here: (Attac	th additional sheets.	if necessary.)	
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E. Effective date, if other that (If an effective date is listed, the displayer). If the date inserted in document's effective date on	ate must be specific and this block does not in	cannot be prior to date of cet the applicable stat	filling or more than 90 de attory filling requiremen	(optional) ays after filing.) Purs ats, this date will r	uant to 605,0207 (3)(b not be fisted as the
f the record specifies a de b) The 90th day after th		ete, but not an ef	fective time, at 12	2:01 a.m. on t	he earlier of:
Dated DECEM	Signature of a fi	2018  CARK Typed or printed name of	resentative of a member		
	riowney	Typed or printed name of	of signee		

Page 3 of 3

Filing Fee: \$25.00