## 05000086194

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TO NOV 25 PM 3: 56
SECRETARY OF STATE

J. BRYAN
NOV 3 0 2010
EXAMINER

## **COVER LETTER**

OP:

Registration Section

Division of	Corporations				
SUBJECT:	Trans	port Auto LLC			
Sobject.	Name of Limited Liability Company				
	s of Amendment and fee(s) are su	_			
		Marilyn L. Marmo			
		Name of Person	<u> </u>		
		Transport Auto LLC	<u> </u>		
	Firm/Company		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	3880 East State Road 46				
		Address	Fron 2		
		Geneva, FL 32732	10 NOV 25 PM 3: 56 SECRETARY OF STATE VALLAHASSEE, FLORIT		
	m	City/State and Zip Code			
	E-mail address:	(to be used for future annual report notification	n)		
For further information	on concerning this matter, please	call:			
	Marilyn Marmo	&(	9-9416		
Name of Person		Area Code & Daytime Tel	ephone Number		
Enclosed is a check for	or 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)		
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trans	port Auto LLC		碧水厂
( <u>Name of the Limited Liability C</u> (A Florida Li	ompany as it now appo	ears on our records.)	
(A Florida Li	mited Liability Company	')	Thom I
The Articles of Organization for this Limited Liability Con	mpany were filed on	August 30, 2005	_ and assigned of
Florida document numberL05000086194	_•		John John
			37
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company h	<u>ere</u> :	
	· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Com	pany," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del>_ ·</del>		
B. If amending the registered agent and/or register	red office address on	our records, enter the	e name of the new
registered agent and/or the new registered office addre			
Name of New Registered Agent:			
	**************************************		
New Registered Office Address:			
	Enter Florida street address		
	. Florida		
	City	, * ******************************	Zip Code
New Registered Agent's Signature, if changing Registered			•
New Registered Agent 3 Signature, if changing Registered A	Agent.		
I hereby accept the appointment as registered agent an	ed acrea to act in this	aanaaitu I fuuthay aaya	a ta aamalu with
the provisions of all statutes relative to the proper and			
accept the obligations of my position as registered age			
being filed to merely reflect a change in the registered			

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mbr	Marian Marmo	3880 East State Road 46 Geneva, FL 32732	✓ Add Remove
	<del></del>		Add Remove
			Add Remove
<del></del>	<del> </del>		Add Remove
			Add Remove
<del></del>			AddRemove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessa	10 NOV 25 PM 3: 56 SEICRETARY OF STATE SEICH ANN SSEE. FLORIDA
Dated	November 16, Man	2010 .	
	V	mber or authorized representative of a member  Marilyn L. Marmo  ped or printed name of signee	

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Filing Fee: \$25.00