

L06000072612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

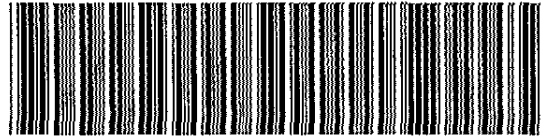
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Transportation Specialty Brokers, LLC  
(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:

Melinda Green

(Name of Person)

FCU

(Firm/Company)

6463 Amberjack Terrace

(Address)

Margate, FL 33063

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Melinda Green

(Name of Person)

at ( 954 ) 974-3682

(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**

Transportation Specialty Brokers, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on July 21, 2006 and assigned document number L06000072612.

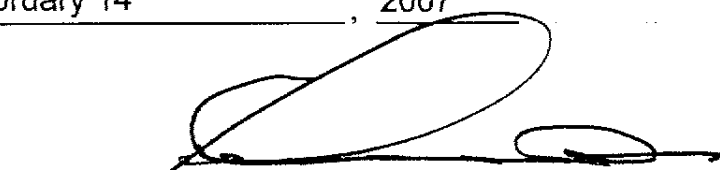
**SECOND:** This amendment is submitted to amend the following:

The name of the company on the original Articles of Organization is incorrectly spelled: Transportation Specialty Brokers, LLC.

The name should be: Transportation Specialty Brokers, LLC

**FILED**  
2007 MAR - 1 P 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated February 14, 2007

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

Mario Vives

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**