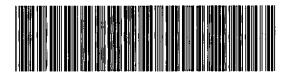
L06000081095

(Requestor's Name)					
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COVER LETTER

TQ: Registration So Division of Con	ection rporations				
SUBJECT:	Miles T	ransport, LLC			
Sobject.		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:	·		
		Sidney Miles Name of Person			
	•				
·	Address				
		Orlando, FL 32812			
	,	City/State and Zip Code			
•	fi mail address (jj0161@aol.com E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please of		ilony		
s	Sidney Miles	at	52-0161		
Name	of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

FILED 10 AUG 27 AM II: 15

Miles Tra	ansport, LLC	「ALLAHA	SSEE, FLORIDA
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appea ted Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp. Florida document numberL06000081095	pany were filed on	08/21/06	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	<u>.</u> .	
Enter new mailing address, if applicable:	 		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the new

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Janis J. Miles

3000 Trentwood Blud.

If Changing Registered Agent, Signature of New Registered Agent

Orlando , Florida 328/2
City Zip Code

Enter Florida street address

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 = Mana MGRM = Ma	ger naging Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGRM	Janis Miles	3000 Trentwood Blvd Orlando, FL 32812	_ ✓ Add _ ☐ Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			_□Add _□Remove				
			Add Remove				
D. If amendin	ng any other information, enter change(s	here: (Attach additional sheets, if necessary.)	_				
		TALLAHASS	FIL 10 AUG 27 SECREJAR				
	-24-201D	. /7	Y OF STATE				
	Dianey &	Mole D authorized representative of a member					
Sidney J Miles Typed or printed name of signee							

Page 2 of 2

Filing Fee: \$25.00