L07000054560



# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000180472 3)))

H10000180472ABCX

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : EXPRESS CORPORATE FILING SERVICE, INC
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
10 AUG 11 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

**Email Address:** _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**
**THE WARRIOR TRANSPORT LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | $25.00 |

RECEIVED
10 AUG 11 AM 6:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
AUG 12 2010
EXAMINER

S. HAWKES
AUG 12 2010
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

FILED
10 AUG 11 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE WARRIOR TRANSPORT LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/23/2007 and assigned Florida document number L07000064560.

This amendment is submitted to amend the following:

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

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: LESLIE I MENENDEZ

New Registered Office Address: 9200 N.W. 32 COURT
*Enter Florida street address*

MIAMI, Florida 33147
*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.*

X _____
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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | GABRIEL PLUAS | 6881 N.W. 178 ST. STE # 104<br>MIAMI, FL 33015 | ☐ Add<br>☑ Remove |
| MGR | LESLIE I. MENENDEZ | 9200 N.W. 32 COURT<br>MIAMI, FL 33147 | ☑ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |
| | | | ☐ Add<br>☐ Remove |

10 AUG 11 AM 9:01 FILED
STATE FLORIDA

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

Dated AUGUST 10, 2010

X _____
Signature of a member or authorized representative of a member

GABRIEL PLUAS
Typed or printed name of signee