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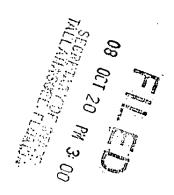
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S. HAWKES
OCT 2 1 2008
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: DELTA	TOWING SERVICE (Name of Lim	ES, LLC ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JUAN SANTAELLA		
		(Name of Person)	
	PASAN INVESTMENT,	INC	
		(Firm/Company)	
	2310 W WATERS AV ST		
		(Address)	
	TAMPA, FL 33604-2757		
		(City/State and Zip Code)	
For further information of	oncerning this matter, please c	all:	
JUAN SANTAELLA		at (813) 849-2878	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	ne 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)
MAILI	INC ADDDESS.	STDFFT/COUDIED	A DDDFSS.

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELTA TOWING SERVICES, LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability	Company were filed on JUNE 15	5, 2007 and assigned		
Florida document number L07000063400				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lir	nited liability company here:			
DELTA CARGO SERVICES, LLC				
The new name must be distinguishable and end with the will.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	N/A	7 S C		
Principal office address MUST BE A STREET ADD	RESS)			
		2		
Enter new mailing address, if applicable:	N/A	Distance of the second of the		
Mailing address MAY BE A POST OFFICE BOX)		## w ()		
		* 3		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		records, enter the name of the ne		
Name of New Registered Agent: N/A				
New Registered Office Address:	4			
	(Enter Florida street address)			
	(0)	, Florida		
	(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.

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 = N	MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
-			Add Remove		
····			Add Remove		
		•	Add Remove		
	,		Add Remove		
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	Si Si		
		Ç.	20 PH 33		
Dated <u>/ L</u>	0-16-08.,				
	Signature of a member	r or authorized representative of a member			
	Typed	or printed name of signee			