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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
<u> </u>		
(Bu	siness Entity Nar	me)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	CT:	А ТО	Z Transport LLC	
		(Name of Lin	ited Liability Company)	
The end	closed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please r	return all correspond	ence concerning this matter	to the following:	
		·	Kahil Wright	
			(Name of Person)	
			(Firm/Company)	
12		12074	Fountainbrook Blvd apt. 1044 (Address)	<u> </u>
			(Address)	
Orlando Florida 32825 (City/State and Zip Code)				
For furt	her information con	cerning this matter, please c	all:	
	Kai (Name of I	hil Wright Person)	at (<u>850</u>) <u>528-2331</u> (Area Code & Daytime	Telephone Number)
Enclose	d 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)
		G ADDRESS: on Section	STREET/COURIER Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A TO Z Transport LLC		·			
(Name of the Limited Li (A F)	ability Company as it now appea orida Limited Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liab	ility Company were filed on	08/01/07	and assigned			
Florida document number <u>L07000078916</u>	,					
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	ne limited liability company her	<u>re</u> :				
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation			
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter t</u>	he name of the new			
Name of New Registered Agent:	Kahil Wright					
New Registered Office Address:	ed Office Address: 12074 Fountainbrook Blvd apt 1044					
-	(Enter Florida street address)					
_	Orlando	, Florida	32825			
	(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 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** <u>Name</u> <u>Address</u> **Type of Action** MGR_ Crystalle Guthrie 2801 Ave. Q NW ☐ Add Winter Haven, Fl 33881 **√** Remove ☐ Remove Remove □Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE SEE ATTACHED SHEET!!!!!!!!!!!! Dated , _____, Signature of a member or authorized representative of a member Kahil Wright
Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00

Please change the **MAILING** address for the business entity to Address: **P.O. Box 782084**Orlando, FI 32878 – 2084

I would also like to change the title and mailing address of the existing members: Please change Loren Pottinger's title to **MGRM**

Address: P.O. Box 782084 Orlando, FI 32878 – 2084

Please change Kahil Wright's title to MGRM Address: P.O. Box 782084 Orlando, Fl 32878 - 2084

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