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D. BRUCE

MAY 11 2010

EXAMINER

COVER LETTER

	stration Section ion of Corporations .	
SUBJECT: _	RAYSOR Transportation Consulting, LLC	
_	Name of Limited Liability Company	
	Articles of Amendment and fee(s) are submitted for filing.	
Please return al	Il correspondence concerning this matter to the following:	
	Michael D. Raysor	
	Name of Person	
	RAYSOR Transportation Consulting, LLC	_
	Firm/Company	,
	19046 Bruce B. Downs Blvd., #308	
	Tampa, Florida 33647	E S
	City/State and Zip Code	- 35
	mdr@raysor-transportation.com E-mail address: (to be used for future annual report notification)	
For further info	ormation concerning this matter, please call:	H 2:4
	Michael D. Raysor at (813) 625-1699	DM &
	Name of Person Area Code & Daytime Telephone Nu	ımber
Enclosed is a ch	heck for the following amount:	
\$25.00 Filin	ng Fee \$\infty\$\$\\$30.00 Filing Fee & \$\infty\$\$\\$60.0	0 Filing Fee,
	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	tificate of Status & tified Copy litional copy is enclosed)
	•	
	MAILING ADDRESS: STREET/COURIER ADDRES Registration Section Registration Section	SS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAYSOR Transporta	tion Consulting	ı, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears Liability Company)	on our recordș.)		
The Articles of Organization for this Limited Liability Company	were filed on	09/04/2007	and assigned	
Florida document numberL0700089971				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here	:		
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Compan	y," the designation	"LLC" or the abbreviat	- ion
Enter new principal offices address, if applicable:	ew principal offices address, if applicable: 2240 Twelve Oaks Way, Suite 102			_
(Principal office address MUST BE A STREET ADDRESS) Wesley Chapel, Florida 33544		44 ² / ₅ 5	-	
Enter new mailing address, if applicable:	19046 Bruce B	. Downs Blvd		-
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, Florida	33647		-
	CC		\$ 65 65	-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, <u>ente</u>	r the name of the h	<u>en</u>
Name of New Registered Agent:				_
New Registered Office Address:				_
	r Florida street o	address		
	, 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 = Ma MGRM = N	nnager Managing Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
 ,				Add Remove
<u> </u>				Add Remove
<u> </u>				Add Remove
				Add Remove
		·		Add Remove
				AddRemove
	ling any other informatio		(s) here: (Attach additional sheets, if necess	HAY 10
_				PH 2:46
Dated	May 4	201 Mark (4)	<u>0</u> .	
	Signat		r authorized representative of a member	
		Chr Typed o	ristie A. Raysor r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00