(Requestor's Name)					
(Address)					
(Address)					
((MAI 555)					
(2) (2)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
·					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
 					

Office Use Only

G. MCLEOD

DEC 16 2008

EXAMINER



400138721104

12/15/08--01010--007 **25.00

COVER LETTER

TO: Registration Section • Division of Corporations							
SUBJECT: FEL TRANSPORTATION SERVICES LLC. (Name of Limited Liability Company)							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Rios, Smidhum & Manley, PA (Firm/Company)							
3421 W. Cypness St. Tampa, FL 33607							
(City/State and Zip Code) For further information concerning this matter, please call:							
(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)							

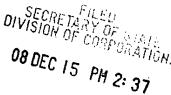
MAILING ADDRESS:

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



FEL TRANS PORT							
(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 Comp	pany were filed on $1-14-2008$ and assigned						
Florida document number <u>L080000 4135</u> .							
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 "L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation						
Enter new principal offices address, if applicable:	5020 W. Cypress St. Suite 201						
(Principal office address MUST BE A STREET ADDRESS	· · · · · · · · · · · · · · ·						
Enter new mailing address, if applicable:	P.O. BOX 261026						
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33685-1026						
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:						
	$a \in A \cap A \cap A$						
Name of New Registered Agent:	5. Smidhum & Manley, PA						
New Registered Office Address: 342	1 W. CYPRESS St. (Enter Florida street address)						
<u> IQW</u>	1 ph , Florida 3360 / (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. Thereby 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

	<u>itle</u>	Name		Address	Type of Action
tre <u>si</u>	dent	Francisco Nava	<u>r</u> rd	P.O. Box 261026 Tampa, FL 33685-1026	Add Remove
Ce P <u>r</u>	<u>reside</u> nt	Lizeth Navara	<u>R</u> o	P.D. BOX 261026 Tampa FL 33685-1026	Add Remove
_					Add Remove
					Add Remove
			_		Add Remove
					Add Remove
D.	If amending	g any other information, enter	change(s)	here: (Attach additional sheets, if necessary.)	_
			**************************************		-
Da	uted	Dec 9.	2005	8 .	<u>.</u>
		P	M	authorized representative of a member	
		Lizeth	Way	IARRO	
		, , , , , , , , , , , , , , , , , , ,	Typed or p	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00