## LO 9000000188

(Requestor's Name)				
(Address)				
(Address)				
(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



200236604402

06/22/12--01017--025 \*\*25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

D. BRUCE
JUN 2 6 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: FAST IN FLORIDA TRANSPORTATION 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:		
Laura Guerra Name of Person		
Firm/Company		
10 E. 52nd pl.  Address		
Highean, FL 33013  City/State and Zip Gode		
City/State and Zip Gode  LOUCY CO 1278 O CO 1. CO  E-mail address: (to be used for future annual report notification)	12 JUN	SECRI
For further information concerning this matter, please call:	122	ETARY OF C
	PM 2: 26	RY OF STATE CORPORATIONS
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$ Certificate of Status  Certificate of Status  Certificate of Status  (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	osed)	

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

(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L_090000 419</u> 8	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3632 NW 17st. Miami IFL 33125
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, enter the name of the new ore:
Name of New Registered Agent:	PH 23
New Registered Office Address:	Enter Florida street address
	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 = Managing Member

**Type of Action** Title Name Address ☐ Add Remove ☐ Add **⊠**Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00