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ÇQVER LETTER

TO:

TO:	Registration S Division of Co	ation Section n of Corporations				
SUBJE	CCT:	FRANKLIN TRAN	SPORT SERVICES, L	LC		
	,		ited Liability Company		•	
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	oondence concerning this matte	r to the following:			
		F	ROBYN L. FRANKLIN			
			Name of Person			
		FRANKLIN	TRANSPORT SERVICES	S, LLC		
			Firm/Company	•	_	
			PO BOX 5242		2009 SE(
			Address		AH.	•
			OCALA, FL 34478		2009 JUN 23 SECRETARY ALLAHASSE	Ė
			City/State and Zip Code		PH FEE.FI	r
			NTRANSPORT@GMAIL.C		STA STA	C
For fun	ther information	concerning this matter, please	to be used for future annual report not call:	ilication)	RIDA	
	ROE	BYN FRANKLIN	at (352)	347-9692		
	Name	of Person	Area Code & Daytin	ne Telephone Numb	er	
Enclose	ed is a check for	the following amount:				
□ \$2 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	iling Fee, cate of Status & cd Copy onal copy is enclose	ed)
				•		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	STREET/COUR Registration Section Division of Corport Clifton Building 2661 Executive Country Tallahassee, FL 3	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANKLIN TRANSPO		
(Name of the Limited Liability Compa (A Florida Limited I	iability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	2/27/2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here	<u>:</u>
The new name must be distinguishable and end with the words "Lim"	ited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3920 SW 158	TH STREET ROAD
(Principal office address MUST BE A STREET ADDRESS)	OCALA, FL 3	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 2009 JUN 23 PM SEGRETARY OF STA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on o e:	ur records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	P	er Florida street address
	Ent	er r wriau sireet aaaress
	City	, Florida 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 **Title** Name | **Address Type of Action MGRM ROBYN FRANKLIN** 3920 SW 158TH STREET ROAD ✓ Add Remove OCALA FL 34473 ☐ 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 ROBYN L. FRANKLIN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00