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SECRETARY OF STATE

J. BRYAN
MAY 1 5 2012

EXAMINER

To Whom It May Concern:

I Angela Meadows, ARNP is sending in amendment application for GREATWAY TRANSPORT, LLC, I have recently acquired the company from my father in law. My daytime number is 813-380-1354 and mailing address P.O. Box 7074, Wesley Chapel, FL 33544.

Thank you,

Angela Meadows, ARNP

FILED 2012 MAY IN PM 3: 56 SEPRETARY OF STATES

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	GREATWAY TRANSPORT, LLC
	Name of Limited Liability Company
The er	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Angela Meadows Name of Person
	Greatury Transport UC Firm/Company
	P.O. Box 7074 Address Address
	Wesley Chapel FL 33544 STE TO City/State and Zip Code
	Angelauinb@gman.com E-mail address: (We used for future annual report notification)
For fu	ther information concerning this matter, please call:
An	Name of Person at (813) 350 - 1354 Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$2 :	5.00 Filing Fee \$\ \text{Certificate of Status}\$\ \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \\ \text{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

GREATWAY TRANSPORT LLC

(Name of the Limited	Liability Compa	ny as it now appear Liability Company)	rs on our records.		
The Articles of Organization for this Limited L	iability Company	were filed on	04/06/2009	and assigned	
Florida document numberL0900003	3355			-	
This amendment is submitted to amend the follows:	J		SELLAHAS	and assigned	
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company her	<u>e</u> :	是日	
The new name must be distinguishable and end with L.L.C."	th the words "Lim	ited Liability Compa	ny," the designation "L	LOS or the abbreviation	
Enter new principal offices address, if applicable:		31142 Bridgegate Dr			
Principal office address MUST BE A STREET ADDRESS)		Wesley Chapel,FL 33545			
Enter new mailing address, if applicable:		P.O. Box 707			
Mailing address MAY BE A POST OFFICE BOX)		Wesley Chap	ei, FL 33344	***	
3. If amending the registered agent and/registered agent and/or the new registered of	ffice address her	<u>e</u> :		he name of the new	
Name of New Registered Agent:	Angela M. Meadows, ARNP				
New Registered Office Address:	31142 Bridgegate Dr.				
	Enter Florida street address				
We		sley Chapel	, Florida	33545	
		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 Name **Type of Action** Address **MGRM** CINDY IZQUIERDO 6923 NORTH HIMES AVENUE □ Add Remove **TAMPA FL 33614** MGRM Angela Meadows 31142 Bridgegate Dr. 🗹 Add Remove Wesley Chapel, FL 33545 **MGRM** THE LAW OFFICES OF NI 12000 NORTH DALE MABRY HWY ☐ Add SUITE 110 **TAMPA FL 33618** Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) due here by relinguish all rights ignature of a member or authorized representative of a member Meadows ARNT
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00