L09000049763

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Santa Yı SUBJECT:	nez Valley Transportatio	n Services, LLC			
SUBJECT.	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
	Mark Meeks				
	6-1-1 <u>1-11-11-11-11-11-11-11-11-11-11-11-</u>	Name of Person			
	Santa Ynez Valley Transportation Services, LLC				
	Firm/Company				
	23122 Mountain Pine				
Address					
	Mission Viejo, CA 9	2692			
		City/State and Zip Code	· · · · · ·		
	mark@syvts.com				
	E-mail address: (t	o be used for future annual report notifica	tion)		
For further information c	concerning this matter, please ca	all:			
Jeanie Meeks		949 340-0233			
Name o	of Person	Area Code Daytime T	elephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

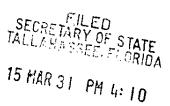
Registration Section

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



Santa Thez Valley Transpo	ed Liability Compar (A Florida Limited L		rs on our records.)	
The Articles of Organization for this Limited Li Florida document number L09000049763	ability Company	were filed on M	ay 21, 2009	and assigned
This amendment is submitted to amend the following	owing;			
A. If amending name, enter the new name of	the limited ljabi	lity.company h	<u>ere</u> :	
The new name must be distinguishable and end with the	words "Limited Liabi	lity Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:		, , ,	
(Principal office address MUST BE A STREE	T ADDRESS)		4.0 ,	
Enter new mailing address, if applicable:		23122 Mou	ntain Pine	
(Mailing address MAY BE A POST OFFICE BOX)		Mission Viejo, CA 92692		
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:	Robert A H	: arper III, Наг	per Law Firm, P.A.	the name of the new
New Registered Office Address:	1725 Capital Circle N.E. Ste 304 Enter Florida street address			
	Tallahas≜ee	***************************************	, Florida 32	308
		City		Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:			
I herehy accept the appointment as registere provisions of all statutes relative to the propaction as registers accept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete p stered agent us p registered office	performance o provided for in	f my duties, and I am f Chapter 605, F.S. Or,	amiliar with and if this document is

Page L of 3

If Changing Registered Agen Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Title **Address** Name AMBR **Greg Meeks** 131 Allen Avenue □ Add Panama City, FL 32401 ■ Remove Barbara Meeks AMBR 131 Allen Avenue ☐ Add Panama City, FL 32401 ■ Remove _____ □ Remove ____ □ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove

li amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
The effective	late, if other than the date of filing: 2/15/2015 date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State) (optional)
Dated Ma	rch 25 2015 Mark Muhr
-	Signature of a member or authorized representative of a member Mark Meeks
-	Typed or printed name of signee

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Filing Fee: \$25.00