L09000054920

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON FEB 1 6 2010

EXAMINER

COVER LETTER

	istration Section sion of Corporations
SUBJECT:	LEANA TRANSPORTATION LLC, Name of Limited Liability Company
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Płease return	all correspondence concerning this matter to the following:
	MAN MOUD ELFATTAH Name of Person
	Name of Person
	Firm/Company
	27003 PAlmetto Bond Dr Address
	Address
	wesley chapel, FL 335-44 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
Mahn	Name of Person at (81) 938 - 1716 Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
\$25.00 Fi	ling Fee \$\ \text{S50.00 Filing Fee & }\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, }\ \text{Certificate of Status & }\ \text{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



RECEIVED

10 FEB 15 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2010

MAHMOUD ELFATTAH 27003 PALMETTO BEND DR WESLEY CHAPEL, FL 33544

SUBJECT: LEANA TRANSPORTATION LLC.

Ref. Number: L09000054920

We have received your document for LEANA TRANSPORTATION LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 310A00001256

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEANA TRANSPO	ctation LLC		
	ty Company as it now appears of Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Florida document number 190005497	Company were filed on	_	d
Profita document flumber 5 9 100007 1	<u>o o</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
LEENA TRANSPORTA			
The new name must be distinguishable and end with the w	ords "Limited Liability Company	"the designation "LLC" or the abbrev	viation
"L.L.C."			,
Enter new principal offices address, if applicable:			<u>∃</u> .
(Principal office address MUST BE A STREET ADD	RESS)	O (SC
		EB :	之四
		5	
Enter new mailing address, if applicable:		P	
(Mailing address MAY BE A POST OFFICE BOX)		Ŋ	<u> </u>
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	· · · · · · · · · · · · · · · · · · ·		<u> </u>
B. If amending the registered agent and/or regi		records, enter the name of the	e new
registered agent and/or the new registered office ad	<u>dress here</u> :		
,			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		, Florida	
	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 **Address Type of Action Title Name** . □ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Fcb 9 2010. Signature of a member or authorized representative of a member MAhwoud ElFATT Alt
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00