

L09000058098

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(Address)

(Address)

(City/State/Zip/Phone #)

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A. LUNT

AUG 10 2010

EXAMINER

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2010 AUG -9 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: American Eagle Transportation of Naples, 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:

Orlando Miserendino

Name of Person

American Eagle Transportation of Naples, LLC

Firm/Company

5300 Summer Wind Drive, Apt. 202

Address

Naples, Florida 34109

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

RECORDS SECTION  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Orlando Miserendino

Name of Person

at ( 239 )

692-0606

Area Code & Daytime Telephone Number

Enclosed is a check for the 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  
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**

**American Eagle Transportation of Naples, LLC**  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/01/2009 and assigned  
Florida document number L09000064005

58098

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Lellenis Junyent

New Registered Office Address:

7685 Tara Circle, Apt. 208

*Enter Florida street address*

Naples

Florida

34104-7423

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Orlando Miserendino	4530 Botanical Place Circle #304 Naples, Florida 34112	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lellenis Junyent	7685 Tara Circle #208 Naples, Florida 34104-7423	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Delkis Garcia	7685 Tara Circle #208 Naples, Florida 34104-7423	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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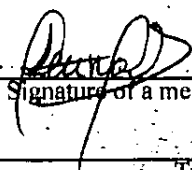


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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Lellenis Junyent

Typed or printed name of signee