

L09000088107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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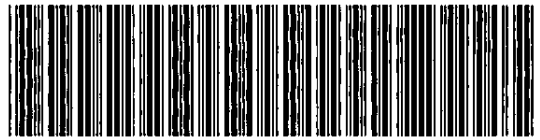
(Business Entity Name)

(Document Number)

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10 MAY 20 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 21 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FIRST CLASS CARGO AIR & SHIPPING SERVICES, 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:

LAVERNE SPARKS

Name of Person

FIRST CLASS CARGO AIR & SHIPPING SERVICES, LLC

Firm/Company

1320 STIRLING ROAD 10 B

Address

DANIA BEACH, FLORIDA 33004

City/State and Zip Code

LAVERNESPARKS@GMAIL.COM

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

For further information concerning this matter, please call:

LAVERNE SPARKS

Name of Person

at (954)

822-1055

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FIRST CLASS CARGO AIR & SHIPPING SERVICES

(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 09/11/2009 and assigned
Florida document number L09000088107.

This amendment is submitted to amend the following:

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

FIRST CLASS CARGO BAHAMAS, LLC

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)

1320 STIRLING ROAD

10 B

DANIA BEACH, FLORIDA 33004

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1320 STIRLING ROAD

10 B

DANIA BEACH, FLORIDA 33004

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:

LAVERNE SPARKS

New Registered Office Address:

1320 STIRLING ROAD 10 B

Enter Florida street address

DANIA BEACH

Florida

33004

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.

Laverne Sparks
If Changing Registered Agent, Signature of New Registered Agent

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FLORIDA

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>
MGR	LAVERNE SPARKS	1320 STIRLING ROAD 10 B DANIA BEACH, FLORIDA 33004	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	PHILIP MILLER		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BUSCHEME ARMBRISTER		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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TALLAHASSEE, FLORIDA

Dated APRIL 29TH, 2010



Signature of a member or authorized representative of a member

LAVERNE SPARKS

Typed or printed name of signee