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Division of Corporations

THORPE'S CONSULTING SYSTEMS

#0236 F 001/003

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**LD9 000093688**

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : THORPE'S CONSULTING SYSTEMS, INC.  
Account Number : I20050000069  
Phone : (407) 352-8514  
Fax Number : (407) 540-9620

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SOUTH REGIONAL TRANSPORT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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EXAMINER

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Help

**SOUTH REGIONAL TRANSPORT, LLC**

c/o Lysander Thorpe  
6327 Piney Glen Lane  
Orlando, Florida 32819  
lthorpe@cfl.rr.com

September 13, 2011

Secretary of State  
Division of Corporation  
409 East Gaines Street  
Tallahassee, Florida 32399


Re: South Regional Transport, LLC

Gentlemen:

The enclosed Articles of Amendment and fee(s) are submitted for filing in the amount of \$30.00

This represents the cost of the filing fees and a copy of the Certificate of Status for the above named corporation.

Please return all correspondence concerning this matter to the above address.



Very truly yours,

TCS/cl  
Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**SOUTH REGIONAL TRANSPORT, LLC**  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 09/29/2009 and assigned document number L09000093688

**SECOND:** The following amendment(s) to the Articles of Organization was here adopted by the limited liability company:

**ARTICLE II - PRINCIPLE PLACE OF BUSINESS**

**Address:** 2028 FIESTA CT  
**City:** ORLANDO, FL 32811

**Name of New Registered Agent:**  
THORPE'S CONSULTING SYSTEMS, INC

**New Registered Office Address:**  
6327 PINEY GLEN LANE  
ORLANDO, FL 32819

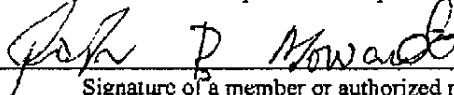
**New Registered Agent's Signature, if changing Registered Agent:**

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.

LYSANDER THORPE

**If Changing Registered Agent, Signature of New Registered Agent**

The date of each amendment's adoption: September 13, 2011



Signature of a member or authorized representative of a member

JOAN HOWARD

Filing Fee: \$25.00

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