## L0900016771

(Requestor's Name)						
(Address)						
(Address)						
(1331055)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
,						

Office Use Only



900170425259

900170425259 02/26/10--01016--008 \*\*25.00

10 FEB 26 PM 1: #2

SEGRETARY OF STATE DIVISION OF GORPORATION

T. HAMPTON

MAR - 1 2010

EXAMINER

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	ALLWAY T	RANSPORT LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	NEW	PORT RICHEY FL 34652		
		City/State and Zip Code		
	ALL\	WAY TRANSPORT LLC		
		to be used for future annual report notification)	<del></del>	
For further information of	concerning this matter, please c	all:		
1044	I DA BBOMEKI	707 044	0000	
JOHN DABROWSKI  Name of Person		at ( 727 ) 8443 Area Code & Daytime Telep	3838 hone Number	
		, ,		
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,	
\$25.00 Pilling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALI	WAY TRAN	ISPORT LLO			
(Name of the Limited (A	Liability Compar Florida Limited L	y as it now appear iability Company)	rs on our records.)		
The Articles of Organization for this Limited Lia	were filed on	12/09/2009	and assig	ned	
Florida document number L09000116	<u>771</u> .				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company her	<u>'e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compa	ny," the designation "I	LLC" or the abb	oreviation
Enter new principal offices address, if applicable:		4112 US 19 9	SUITE B		624
(Principal office address MUST BE A STREET ADDRESS)		NEW PORT	RICHEY FL 3465	2 =	<u>Zs</u>
					<u> </u>
				в 26	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)				3	0 T
					ÃÃ.
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>enter t</u>	the name of	the new
Name of New Registered Agent:	JOHN DABE	ROWSKI			
New Registered Office Address: 4112 US 19 SUITE B					
	<u>-</u>	Eni	ter Florida street add	lress	
	NEW PORT		4652_, 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.

Page 1 of 2

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 **Title** <u>Name</u> <u>Address</u> **Type of Action MGRM** ANNA RYGIEL 7648 PROSPECT HILL CIRCLE Add Remove NEW PORT RICHEY FL 34652 ☐ Add Remove ☐ Add Remove Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 12** 2010 Dated\_ Signature of a member of a uthorized representative of a member RYGEL
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00