110000018414

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | e) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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D. BRUCE

AUG 16 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2010

EARLAND A CHARLES 618 BINNEY STREET NE PALM BAY, FL 32907

SUBJECT: SYRLEXI TRUCKING, LLC

Ref. Number: L10000018414

We have received your document for SYRLEXI TRUCKING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 710A00013690

COVER LETTER

TU: Amendment Section
Division of Corporations

| NAME OF COR | PORATION: | SYRLEXI TRUCKIN | IG LLC |
|---------------------|--|---------------------------------------|---|
| DOCUMENT N | UMBER: | G10000001 | 594 |
| The enclosed Arti | cles of Amendment and fee | are submitted for filing. | |
| Please return all c | orrespondence concerning th | is matter to the following: | |
| | EAF | RLAND A CHARLES | |
| | • | Name of Contact Person- | |
| | SYR | LEXI TRUCKING LLC | |
| | | Firm/ Company | |
| | | | |
| | 618 | BINNEY STREET NE | |
| | | Address | CA A |
| | | | ह्य है ज |
| | | ALM BAY FL 32907 | |
| * . | ' | City/ State and Zip Code | ा । इस उन्ह |
| | | | |
| | E-mail address: (to be use | ed for future annual report notificat | AUG 13 PM 12 52 EARLASSEE FLORIBA |
| | | | هدي. |
| For further inform | ation concerning this matter, | please call: | |
| FAR | LAND A CHARLES | at (321) | 698-1526 |
| | of Contact Person | | ne Telephone Number |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida D | • |
| | or to the following will during the fi | naad payable to the I lorida D | opartment of State. |
| ☑ \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy | \$52.50 Filing Fee |
| | Commeate of Status | (Additional copy is enclose | Certificate of Status sed) Certified Copy |
| | | ` '' | (Additional Copy is enclosed) |
| Mailing A | ddress | Street Address | |
| Amendment Section | | Amendment Section | |
| | f Corporations | Division of Corporation | S |
| P.O. Box 6 | · | Clifton Building | |
| Tallahassee | e. FL 32314 | 2661 Executive Center (| Circle |

Tallahassee. FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYRLEXI TRUCKING, LL.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (Name of the Limited L (A F | Nability Company as it now appears on our Porida Limited Liability Company) | records.) | |
|--|---|--|--|
| The Articles of Organization for this Limited Liab | bility Company were filed on FEDIVA | (4 17 · 2010) and assigned | |
| Florida document number <u> </u> | | , | |
| | | | |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of t | he limited liability company here: | 7 10 · | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability Company," the | designation "Lag" or the abbreviation | |
| Enter new principal offices address, if applicab | ble: | m < | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | | |
| | | DA IN | |
| Enter new mailing address, if applicable: | | · | |
| (Mailing address MAY BE A POST OFFICE Be | <u> </u> | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ords, enter the name of the new | |
| Name of New Registered Agent: | | and the state of t | |
| New Registered Office Address: | | | |
| New Registered Street / Resided. | Enter Florida street address | | |
| | , Florida | | |
| | City | , FloridaZip Code | |
| New Registered Agent's Signature, if changing Re | egistered Agent: | · | |
| I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the re- company has been notified in writing of this ch | oper and complete performance of my a vered agent as provided for in Chapter (gistered office address, I hereby confir | uties, and I am familiar with and 608, F.S. Or, if this document is | |
| | If Changing Registered Agent, Signa | ture of New Registered Agent | |

| MGR = Manager MGRM = Managing Member | | | | | |
|---|---|---|----------------|--|--|
| <u>'itle</u> | <u>Name</u> | Address | Type of Action | | |
| 16-R | EARLAND A. CHARLES | NE PALM BAY FZ 32.901 | Add Remove | | |
| | | | Add Remove | | |
| | | | Add Remove | | |
| | | | Add Remove | | |
| | | | Add Remove | | |
| | | | Add Remove | | |
| . If amen | ding any other information, enter change(| (s) here: (Attach additional sheets, if necessary.) | 10 AUG 13 I | | |
| ************ | | FLO BALL | # D 52 | | |
| ated | 11/18 | or authorized representative of a member | | | |
| | Signature of a member of | or authorized remesentative of a member | | | |

Filing Fee: \$25.00