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2010 JUN 17 PH : S: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 1 8 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. |
|---|
| SUBJECT: Joe / Leans port LCC 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: |
| Joel Cotterrer |
| Joel transport LLC - Firm/Company |
| 3824 Kenyon Rd |
| LAKE WORK F1 33461 City/State and Zip Code |
| Jeel & Joe teaus port, com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Toel Cutieneer at (561) 633 - 6304 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |

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

FILED

| | - m. m. E1 |
|--|---|
| Tool LOANER | 2010 JUN 17 PM 9: 51 |
| (Name of the Limited Liability Compan (A Florida Limited Li | y as It now appears on our records.) SECRETARY OF STATE (TALLAHASSEE, FLORIDA |
| The Articles of Organization for this Limited Liability Company | |
| Florida document number <u>L/000064345/</u> . | |
| This amendment is submitted to amend the following: | |
| . A. If amending name, enter the new name of the limited liabil | |
| Joe Flans poet LLC The new name must be distinguishable and end with the words "Limite | <u> </u> |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | ed Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 3824 Kenyon et CAKE WORTS FI 33461 |
| (Principal office address MUST BE A STREET ADDRESS) | Cake worth F1 33461 |
| | · |
| Enter new mailing address, if applicable: | 1824 Kenyor Fd Lake Worth Pl 33461 |
| (Mailing address MAY BE A POST OFFICE BOX) | LAKE WOETH PI 33461 |
| B. If amending the registered agent and/or registered office address here | |
| Name of New Registered Agent: | el Coticacio |
| New Registered Office Address: 383 | HEUYON RS LW Enter Florida street address |
| _LAKe | Worth, Florida 33461 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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| <u>tle</u> | <u>Name</u> | Addı | ress | Type of Action |
|-------------|------------------------|--|--------------------------------------|--|
| ··· | | | | Add Remove |
| | | ************************************** | | Add Remove |
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| If amer | nding any other inform | ation, enter change(s) here | : (Attach additional sheets, if nece | ssary.) |
| <u>-</u> | | | * | |
| ted | 6/8 | , 2010 | 0 | 2010 JUN 17 PH 3: 52 SECRETARY OF STATE TALLAHASSEE. FLORIDA |
| | S | ignature of a member or author | ized representative of a member | Eg : |

Page 2 of 2

Filing Fee: \$25.00