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FILED
10 JUN 17 PM 2: 52
SECRETARY OF STATE
ALL AHASSEE, FLORIDA

J. BRYAN

JUN 1 8 2010

EXAMINER

COVER LETTER

TO: Registration Division of	on Section Corporations	
SUBJECT:	VSanna Transport Name of Limited Liability Company	
	es of Amendment and fee(s) are submitted for filing.	
Please return all con	respondence concerning this matter to the following:	
	Cynthia Wilkerson Name of Person	-
	the second secon	
	Firm/Company	- TALL
	2020 NW JGTH TERF	UN 17 ARETARY
	Sunrise FL 33313 City/State and Zip Code	PH 2:5
	E-mail address: (to be used for future annual report notification)	SW.
For further information	ion concerning this matter, please call:	
<u> </u>	me of Person at (954) 825-34'00 Area Code & Daytime Telephone Number	ег
Enclosed is a check	for the following amount:	
\$25.00 Filing Fed	\$55.00 Filing Fee & \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	ate of Status &

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 OF

(Name of the Limited Liability	ty Company as it now apr	pears on our records.)	Company
(A Florida	Limited Liability Compan	y) .	
The Articles of Organization for this Limited Liability	Company were filed on _	05/06/2010	and assigned
Florida document number <u>L/0000048721</u>	 *		100 0 TI
This amendment is submitted to amend the following:	,		器言で
A. If amending name, enter the new name of the lin	nited liability company	here:	80000
<u> </u>			70 70
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Con	mpany," the designation "L	LC The attracviation
Enter new principal offices address, if applicable:		,	•
(Principal office address MUST BE A STREET ADD	RESS)		
		•	
Enter new mailing address, if applicable:		:	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		n our records, <u>enter t</u>	he name of the new
			·
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		1	
		Enter Florida street add	ress
		, Florida	
	City		Zip Code

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

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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

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

Type of Action Title Title <u>Name</u> <u>Address</u> Jorotha Robertson Marm ☐ Add Remove Cynthia Wilkerson ₽Add ☐ Remove ☐ Add Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) Dated Jury Signature of a member or authorized representative of a member Dorotha Kobertson
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00