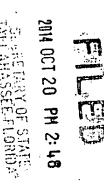
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(Re	equestor's Name)
(Ad	ldress)
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	ısiness Entity Name)
(Do	ocument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
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EFFECTIVE DATE 11/04/14

OCT 222004). BRUCE

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: Moto	ary Transport	f Service //	·	
The enclosed Articles of An Please return all corresponde		<u>-</u>		
	Joseph	Venezia Name of Person		
	mortvary	Transport Se Firm/Company	rvice 110	
	5623 US	Address City Florida City/State and Zip Code Hoivisian yaho to be used for future annual report	STE 313	701 1725
	New Port R	City Florida	34652	2014 OCT 20 TALL/ANASS
	mortvarytvanspo E-mail address: (1	Horvision yaho	notification)	O PH 2
For further information con-				2: 48
Joseph Vene Name of Po		at (527) Z Area Code Da	30-1839 ytime Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	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

	7 Jerui		<u> </u>	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears o Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company Florida document number 41000057155.	y were filed on 1	27-20	14 and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here	:		
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the des	ignation "LLC" or t	he abbreviation "L.I	
Enter new principal offices address, if applicable:	9623 New Port	VS High	uay 19	STE 313
(Principal office address MUST BE A STREET ADDRESS)	New Port	- Rickey	Plorida	
	·		34652	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		Ame	29	
B. If amending the registered agent and/or registered o	office address on o	ur records, ent	er the marter of	the new
registered agent and/or the new registered office address her			5.30.	
Name of New Registered Agent:	Sai	ne	97 %	
New Registered Office Address:	Enter Florida	street address		
		. Florida		
	City	, 1 ¹ 101 lua	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 605, 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 3

EFFECTIVE DATE 1110114

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
		4	Add
			Remove
			Add
			口 Remove
			□ Remove
			2014 OCT 20 PH SECRETARY OF S ALLEAN ASSEE FL
			PH PH PH SECOND
			☐ Add
			□ Remove
			□ Remove

. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective	e date, if other than the date of filling: November 1 2014 (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
Dated	10-16-14
	Josh Vereja
	Signature of a member or authorized representative of a member 10.5.0 VeneziA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 OCT 20 PM 2: 48