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**EXAMINER** 



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FORE JARY OF STATE

## **COVER LETTER**

TO:

TO: Reg Divi	istration Section ision of Corporations	
SUBJECT:	SHADOW TRAN	SPORTATION SERVICES, LLC
		f 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:
		Reinaldo Borrego
	•	. Name of Person
		Firm/Company
,		13537 SW 66th Street
		Address
		Miami, FL 33183
	ann	City/State and Zip Code arodriguez@allsolutions123.com
	E-mail add	lress: (to be used for future annual report notification)
For further in	formation concerning this matter, p	lease call:
	Anna Rodriguez	at (_305 ) 853-8723
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:	
<b>[</b> ]\$25.00 Fi	ling Fee S30.00 Filing Fee Certificate of St	& S55.00 Filing Fee & S60.00 Filing Fee, atus Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	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

SHADOW TRANSPOR I	AHON SERVIC	ES, LLC i our records.)	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	7/9/2010	and assigned
Florida document numberL10000072585			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim	ia d Linkilia Garage	14ha dagianatian "I I	C" or the obbraviation
"L.L.C."	ned Liability Company,	the designation 121	. Of the abbreviation
Enter new principal offices address, if applicable:	13537 SW 66th	Street	SE 6
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33183	3	R 8 71
			<u> </u>
Enter new mailing address, if applicable:	13537 SW 66th	Street -	S BE M
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33183		2
	<del></del>		5 ~ ~
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter th	e name of the nev
Name of New Registered Agent:	·· <u>·</u>		
New Registered Office Address:		<del></del>	
	Enter 1	Florida street addr	288
	City	, Florida	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

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	Name	Address	Type of Action
MGR	Garcia, Luis F	5625 W. 26 COUT, #206 Hialeah, FL 33016	Add Remove 
MGR	Borrego, Reinaldo	13537 SW 66th Street Miami, FL 33183	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending	g any other information, enter change(s)	) here: (Attach additional sheets, if necessary.)	<del>-</del>
			_
			_
Dated <u>10-2</u>			
	Signature of a member or	authorized representative of a member	
-	Ga Typed or r	rcia, Luis F printed name of signee	

Page 2 of 2

Filing Fee: \$25.00