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S. HAWKES

OCT 1 8 2010

EXAMINER

COVER LETTER

	on of Cor	porations			
SUBJECT: _		Caravan Transpo	rtation of Sebastian,LLC		
,	Name of Limited Liability Company				
The enclosed A	articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return al	l correspo	ndence concerning this matter	to the following:		
		F	Richard A Costanzo Jr		
			Name of Person		
	Caravan Transportation of Sebastian,LLC				
			Firm/Company	**************************************	
	1557 Emerson Lane				
Address					
			Sebastian,Fl 32958		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	to the state of th	
		ch	ickydog2@yahoo.com to be used for future annual report notifica		
				tion)	
For further info	rmation c	oncerning this matter, please of	call:		
	Richar	d A Costanzo Jr	at (772) 50	01-0056	
	Name o	f Person	Area Code & Daytime T	elephone Number	
Enclosed is a c	heck for ti	ne following amount:			
\$25.00 Filin	ng Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ING ADDRESS: ration Section	STREET/COURIED Registration Section	R ADDRESS:	
Division of Corporations			Division of Corporati	ions	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· Caravan	Transportation of Sebast	ian,LLC	
(Name of the Limited)	Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.	
The Articles of Organization for this Limited I	- • •	08/04/2010	and assigned
Florida document numberL1000008	2603		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	٠ ـــــــ
			靈 6
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation '	Tabbreviatio
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE			
		······································	<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	S BOX)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		our records, <u>enter</u>	the name of the nev
New Registered Office Address:	1557 Emerson Lane		
	Enter Florida street address		
	Sebastian	, Florida	32958
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register	ed agent and agree to act in this o	capacity. I further as	gree to comply with

Page 1 of 2

Changing Registered Agent, Signature of New Registred Agent

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 fability

company has been notified in writing of this change.

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

<u>Title</u>	Name	Address	Type of Action
MGR	Richard A Costanzo	1557 Emerson Lane Sebastian Fl 32958	Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
	<u> </u>		Add Remove
·····			Add Reffitive
-, <u></u> -			Add The Remove
			∏Add ☐Remove
D. If amen —	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
<u></u>			
 Dated	October 11	2010 .	and the same of th
		mber or authorized representative of a member	
	Suz Ty	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00