

L100000082603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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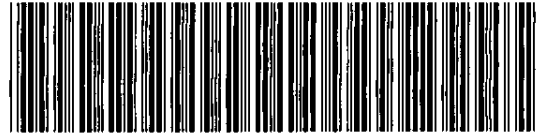
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JAN 10 2010

EXAMINER

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARAVAN Transportation of SEBASTIAN LLC
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:

RICHARD COSTANZO SR.
Name of Person

CARAVAN Transportation of SEBASTIAN
Firm/Company

950 CANNATION DR.
Address

SEBASTIAN FL. 32958
City/State and Zip Code

COSTANZO R. @ YMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

RICHARD COSTANZO SR. at (772) 501-7615
Name of Person Area Code & Daytime 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)

☐ \$60.00 Filing Fee,
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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CARAVAN Transportation OF SEBASTIAN LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/6/10

Florida document number L10000082603

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

RICHARD COSTANZO SR.
950 CANNATION DR.
SEBASTIAN FL. 32958

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

950 CANNATION DR.
SEBASTIAN FL. 32958

* B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

RICHARD COSTANZO SR.
950 CANNATION DR
Enter Florida street address
SEBASTIAN FL. Florida 32958
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.

Richard Costanzo Sr.
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
* MGRM OWNER	Richard Costanzo Sr	950 Cannation Dr SEBASTIAN FL 32958	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

* D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

RICHARD COSTANZO JR. OF ~~SR~~ JRS
CANNATION TRANSPORTATION OF SEBASTIAN
HAS NO INTEREST IN CANNATION
TRANSPORTATION OF SEBASTIAN
HAS USED FRAND ON MY ORIGINAL PAPER

Dated

* Richard Costanzo Sr
Signature of a member or authorized representative of a member

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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