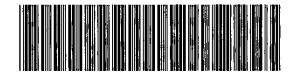
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	(Requestor's Name)
<u> </u>	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

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OCT 05 2015 C. YOUNG

COVER LETTER

402

Divisio	n of Corporations	
48 SUBJECT:	STATES TRANSPORT LLC	
SUBJECT		
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	CARLOS PARRA	
	Name of Person	_
	48 STATES TRANSPORT LLC	
	Firm/Company	_
	820 W. LANDSTREET RD	
	Address	TES S
	ORLANDO FL 32824	BT-2 PA BT-2 PA BT-SECTION
	City/State and Zip Code	一点之
	STATESTRANSPORT@GMAIL.COM	man ze t
For further infor	E-mail address: (to be used for future annual report notification) mation concerning this matter, please call:	PA STATE
CARLOS PARI	at ()	
	Name of Person Area Code Daytime Telephone Numb	er
Enclosed is a che	eck for the following amount:	
■ \$25.00 Filing	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certified	Filing Fee, eate of Status & ed Copy al copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

48 STATES TRANSPORT LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on and ass	signed
Florida document number L10000096345		
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 contain the words "Limited I.	Liability Company," the designation "LLC" or the abbreviation "L.	IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	المسلم المسلم المسلم المسلم	=
Enter new mailing address, if applicable:	資料 2	171
(Mailing address MAY BE A POST OFFICE BOX)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	0
<u> </u>	हार्च थ	
•	So in o	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address in	d office address on our records, enter the name	of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GUEDEZ, LUIS R.	1400 SW 124 PL	
		MIAMI, FL 33184-2345	■ Remove
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			Add
			Remove
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			Add
			SECOND Remove
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Note:	ve date, if other the ctive date is listed, the lift the date inserted ent's effective date	in this block doe	es not mee	t the applic	able statuto	ing or more tha ry filing requ	(option 90 days after irements, this	nal) (1) Pursu filing.) Rursu date will no	.; ant to 605.020
	ord specifies a 90th day after			e, but no	t an effec	ctive time,	at 12:01 a	.m. on th	e earlier (
	SEPTEMBER 24			2015					
Dated _			/ /						
Dated _		F	1 frs						
Dated _		Signato	ire of a mer	mber or autho	orized repres	entative of a m	ember		

Page 3 of 3

Filing Fee: \$25.00



Phone: (407) 749-6420



Return Address:

820 W. Landstreet Rd.

Orlando, FL 32824