

L10000119692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500264871115

10/31/14--01001--006 **60.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 OCT 30 PM 1:32
TO APPROVE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
14 OCT 30 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 30 2014
T CLINT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROUTE 22 TRANSPORT 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:

JOHN T LEE
Name of Person

Firm/Company

11660 W NOBLE ST
Address

LELAND FL 324461
City/State and Zip Code

JLEE@JHENT.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN LEE at (861) 222-9199
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 30 PM 1:43

APPROVED
AND
FILED

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

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

ROUTE 22 TRANSPORT 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 11-17-10 and assigned

Florida document number LC0000119692

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)

1660 W NOBLE ST
LECANTO FL 34461

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1660 W NOBLE ST
LECANTO FL 34461

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:

JOHN T LEE

New Registered Office Address:

1660 W NOBLE ST

Enter Florida street address

LECANTO

City

Florida 34461

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

14 OCT 30 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOHN T LEE	1660 W NOBLE ST LECANTO FL 34461	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	JANDREA LEE	1660 W NOBLE ST LECANTO FL 34461	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JAMES KNASER	141 E MAIN ST RUSSIA OH 45363	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DAVID COWDRICK	13472 JORIN ST SOUTHGATE MI 48195	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

14 OCT 30 PM 1:43
SEC OF STATE
TALLAHASSEE, FLORIDA

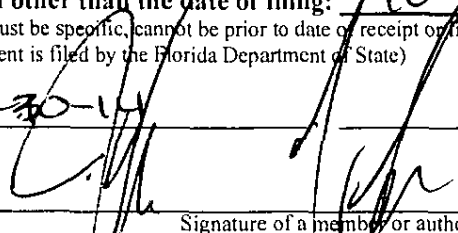
APPROVED
AND
FILED

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

E. Effective date, if other than the date of filing: 10-30-14 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10-30-14



Signature of a member or authorized representative of a member

JOHN T LEE

Typed or printed name of signee

SECRET
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 OCT 30 PM 1:43

APPROVED
AND
FILED