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K. SALY EXAMINER FEB 25 2011

COVER LETTER

Division of Corporations			
SUBJECT: 50	uth Florida Premier Transportation.		
	Name of Limited Liability Company		
	Amendment and fee(s) are submitted for filing.		
Please return all correspondence	ondence concerning this matter to the following:		
	Shawn Christopher Houck Name of Person South Florida Premier Transportation, LLC		
	South Florida Pramier Transportation, LLC		
	19609 Colorado Circle		
	Address		
	BOCA RATON, FL 33434 City/State and Zip Code		
	City/State and Zip Code Shownhouck 5 a gmail. com E-mail address: (to be used for future annual report notification)		
For further information of	concerning this matter, please call:		
shawn C	C. Hauck at 561, 789-8332		
Name	of Person Area Code & Daytime Telephone Number		
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Registi Divisio P.O. B	ING ADDRESS: stration Section on of Corporations ox 6327 cassee, 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

South Flonda frem	ier Transpo	rtation, LLC
(Name of the Limited Liability Compa (A Florida Limited	a <mark>ny as it now appears on ou</mark> Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	100 100 100
Premiere Iransporta	tion, LLC	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	Giv No
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida 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 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 - MS $MGRM = S$	unager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
"			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
_			
			_
Dated <u>FC</u>	Shew Hang	T.	
	Shawn (Have	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00