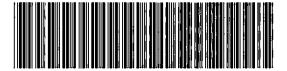
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2011 JUL 12 PH 12: 49
SECRETARY OF STATE
TALL AHASSEE. FLORIDA

C. LEWIS

JUL 1 3 2011

EXAMINER

COVER LETTER

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SUBJE	сŤ:	٠.	S & X	TRAN	NSPO	RT LI	_C				
			Name of I	imited	Liability	Compan	у	"			
The end	closed Articles of A	nendment an	d fee(s) are	submit	ted for fi	ling.					
Please 1	eturn all correspond	lence conceri	ning this ma	atter to t	he follov	ving:					
				L	ILIANA	RAM	os			-	
					Name (of Person					
		-		•	Firm/C	Company	· · · -· -		· -	-	
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			E-mail addre	ss: (to be	used for	future and	nual report	notificatio	n)		
For furt	ther information con	cerning this	matter, plea	ase call:							
		Y RAMOS	·		at (_	405)			3-0095		
	Name of I	Person				Area	Code & Da	ytime Tel	ephone Numbo	er	
Enclose	ed is a check for the	following an	nount:								
√ \$25	.00 Filing Fee	∑\$30.00 Fi Certific	ling Fee & cate of Statu	18	Certi	Filing Fified Cop		osed)	Certifie	ate of Stati d Copy	us & s 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

FILED

2011 JUL 12 PM 12: 49

S&X	TRANSPORT LLC	SECRETA	LRY OF STATE
S & X (<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appea a Limited Liability Company)	ars on our records ATA	SSEE, FLORIDA
The Articles of Organization for this Limited Liability Florida document numberL11000075407			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company he	ere:	
В&В	TRANSPORT LLC		
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		
	 		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, enter the	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	Enter Florida street addi	ress
·		, 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 = Manager

MGRM = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	7 SECRETAL JUL
			LED 12 PH E: 49 ASSEE, FLORIDA
Dated	Liliana	on and	A
		er of authorized representative of a member LILIANA RAMOS	
		d or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00