(Requestor's Name)	
(Address)	
(Address)	700210753807
(City/State/Zip/Phone #)	
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# **COVER LETTER**

TO: **Registration Section Division of Corporations** 

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Ith SUBJECT:

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:

Name of Person Firm/Company AUG -5 City/State and Zip Code m X Maruhitranst. com IU, œ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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)

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MAILING ADDRESS: **Registration Section Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

#### 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

now appears on our records.) Limited Liability Company

The Articles of Organization for this Limited Liability Company were filed on <u>JUNC 27,2011</u> and assigned Florida document number <u>L1100076064</u>.

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:	TAL S
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	OR BR

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:

-	, Flo	rida Zin Code
New Registered Office Address:	Enter Florida st	reet address
Name of New Registered Agent:		

### 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

Page 1 of 2

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

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<u>Title</u>	Name	Address	Type of Ac	<u>:tion</u>
MGR	Nita Parikh	1050 South Edgewood Avence Jax FL33205	Add Remove	
<u>M6R</u>	Mariati Fleetand Management, LLC	Pert and Management 1050 Edgewood Avenue South Jacksonville FL-32205 Tel: 904-387-1477 Fax: 904-387-1493 Toll Free: 866-678-0222 box to general theory	- Add Remove	
		maruti@marutitransit.com www.marutitransit.com	Add Remove	
MGIZ	Eric Roberts	14 Northeast 1st Avenue Sterry Mami, Florida 33132	Add Remove	
			Add Remove 	
			Add Remove	
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	5E	
		AHASSEE		
				0
Dated	······································			
	Signature of a member or Grigen Be Typed or	authorized representative of a member		
		Page 2 of 2		