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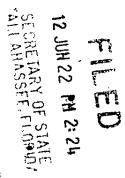
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FILING CANCELLED RETURNED CHECK

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J. BRYAN

JUN 2 0 2012

EXAMINER

COVER LETTER

то:	Registration Section Division of Corpora	n ations		and "	
SUBJE	ECT:	Metro/	K TRANS	LLC	. L
The en	closed Articles of Ame	endment and fee(s) are sul	bmitted for filing.		R. W. T.
Please	return all corresponde	nce concerning this matter	r to the following:		32 2
	-		DMAR Ru, Name of Person	Z	SSEE FLABILS
	· _	P. O.	Firm/Company Box 69084 Address	<u>,) </u>	
	-	CVIANDO	City/State and Zip Code	69 	
	-	E-mail address:	2 ri de met	otitication)	He com
For fur	ther information conce	erning this matter, please o	call:		
	O ma Name of Per	r Ruiz	at (<u>497)</u> 74 Area Code & Day	Y 182/ time Telephone Number	
Enclos	ed is a check for the fo	ollowing amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	e of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COUR ER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF OPCANIZATION

ARTICLES OF ORGANIZATION

Metro	INK TRANS,	LCC
(Name of the Limited Lia (A Flo	ability Company as it now appear: on corida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on <u>07/</u>	12/2011 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
METRO TRANS	PORTATION GROW	P, LLC
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		S CREET TI
(Mailing address MAY BE A POST OFFICE BO	<u></u>	SZ
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our r e address here:	ecords, enter the name of the new
Name of Name Designated Assets		
Name of New Registered Agent:		
New Registered Office Address:	r* . r7	
	Enter Fi	orida street address
_		, Florida
	City	Zip Code
37 73 1 1 1 1 1 1 1 1 1 1		

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

Title .	<u>Name</u>	Address	Type of Action
	. ,		☐ Add ☐ Remove
,			Add Remove
	_		Add Remove
			- Add □ Remove
	<u>.</u>		Add Remove
	<u>.</u>		Add Remove
D. If an	nending any other information, e	nter change(s) here: (Attach additional s	sheets, if necessary.)
			12 JUN 22 M
		M	FINDER 2:24
Dated _		<u>, 2012</u>	
	Signature	of a member or audion and representative of a DMAL Typed or printed name of signee	Rei 12

Page 2 of 2

Filing Fee: \$25.00

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