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N. Cumson JUN 25 2013'

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Metro/ink TRANS // 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:
MAN Ruiv Name of Person
Firm/Company
P.O. BOX 690867
Orland R 32869 City/State and Zip Code
City/State and Zip Code Omor Oride metro shuffle. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 226-3344 Ext. 4 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status & Certificate Opy (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

FILED 2013 JUN 24 PH 2: 57

ARTICLES OF ORGANIZATION

(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 Lia	ability Company were filed	on 7-12-204	and assigned
Florida document number <u>~110000 79</u>	834.		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compa	<u>nnv here</u> :	
Metro TRANSA	DOLTATION	GRP, LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability		LC" or the abbreviation
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE)	T ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered off		ss on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	<u> </u>	***************************************	
New Registered Office Address:			
		Enter Florida street ada	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			Add	
	·		Remove	
			Add	
			Remove	
			Remove	
•			Add	
			Remove	

D. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
 	
oated time	de . 2013 - 11
	Signature of a member or authorized representative of a member
	Signature of a memoer or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00