

L11000079933

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 25 2013

J. BRYAN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Eben- Ezer Transport LLC  
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:

Wilber D Cazares  
Name of Person

Eben- Ezer Transport LLC  
Firm/Company

12 Salinas Drive  
Address

Naples FL 34114  
City/State and Zip Code

Insurancesw@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilber D Cazares at (239) 313-5321  
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)

**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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Eben-Ezer Transport LLC,

(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 Liability Company were filed on 7/11/2011 and assigned  
Florida document number L11000079933

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

*N/A*  
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: *N/A*

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: *N/A*

(Mailing address MAY BE A POST OFFICE BOX)

**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:**

Name of New Registered Agent:

Wilber D. Cazares

New Registered Office Address:

12 Salinas Drive

*Enter Florida street address*

Naples  
City

Florida

34114  
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.*

Wilber Cazares

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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Daniel I Cazares	12 Salinas Drive	<input type="checkbox"/> Add

Naples, FL 34114 ☒ Remove

MGR	Wilber D Cazares	12 Salinas Drive	<input checked="" type="checkbox"/> Add
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Naples, FL 34114 ☐ Remove

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FLORIDA

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please process amendment changing  
Registered agent & changing  
Title Manager.

Dated

6/17/13

*Wilber Cazares*

Signature of a member or authorized representative of a member

Wilber D. Cazares

Typed or printed name of signee

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Filing Fee: \$25.00

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