

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number
 (shown below) on the top and bottom of all pages of the document.**

(((H11000232447 3)))



H110002324473ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.**

To:

Division of Corporations
 Fax Number : (850) 617-6383

L. SELLERS

SEP 26 2011

From:

Account Name : LEGALZOOM.COM INC.
 Account Number : I20010000062
 Phone : (323) 962-8600
 Fax Number : (323) 962-3889

EXAMINER

**Enter the email address for this business entity to be used for future
 annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RYAN FAMILY TRUCKING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED -

11 SEP 23 AM 7:08

- SECRETARY OF STATE -
TALLAHASSEE, FLORIDA -

SEP 23 AM 10:28

FILED[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM Ani Muradian

DATE 9/22/2011 3:36:07 PM PDT

RE RYAN FAMILY TRUCKING, LLC 501571293

COVER MESSAGE

Ani Muradian | Business Special Filing Specialist

323.962.8600 x 7950 | Fax 323.962.8300 | amuradian@legalzoom.com

www.legalzoom.com | 101 N. Brand Blvd., 10th Floor
Glendale, CA 91203

<<http://www.legalzoom.com>>

This transmission may contain confidential and privileged material for the sole use of the intended recipient(s). Any review, use, distribution or disclosure by others is strictly prohibited. If you are not the intended recipient (or authorized to receive for the recipient), please contact the sender by reply email and delete all copies of this message. LegalZoom is not an attorney and can only provide self help services at your specific direction. LegalZoom.com, Inc. is a registered and bonded legal document assistant, #0104, Los Angeles County (exp. 12/11). Prices, features, terms and conditions are subject to change without notice.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **RYAN FAMILY TRUCKING, 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:

Barbara Dang

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

100 W. Broadway Suite 100

(Address)

Glendale, CA 91210

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang

(Name of Person)

at (323) 962-8600

(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

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

RYAN FAMILY TRUCKING, 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 08/22/2011 and assigned Florida document number L11000096269.

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."

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: _____

New Registered Office Address: _____
(Enter Florida street address)

_____ , 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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MICHAEL E RYAN	2421 SE HILLARD RD. PORT ST. LUCIE FL 34952 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARK ARANA	2421 SE HILLARD RD. PORT ST. LUCIE FL 34952 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Shirley Ryan	2421 SE HILLARD RD. PORT ST. LUCIE FL 34952 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 9/20 2011

Clinton L Ryan

Signature of a member or authorized representative of a member

Clinton L Ryan

Typed or printed name of signee

RECEIVED
SEP 23 2011
CLERK'S OFFICE
STLUCIE COUNTY, FLA.

FILED
SEP 23 AM 10:28