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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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SECRETARY OF STATE

T. HAMPTON

JAN -4 2012

EXAMINER

## **COVER LETTER**

то:	Registration S Division of Co			
SURIE	ECT:	EAST 2 WEST T	RANSPORTATION	LLC
50001			ited Liability Company	
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
			DARRELL JACKSON Name of Person	
EAST 2			/EST TRANSPORTATION	ON LLC
			Firm/Company	:
<del> </del>			P.O. BOX 1785 Address	<del></del>
	BARTOW, FL 33831			
			City/State and Zip Code	
For fun	ther information	E-mail address: (concerning this matter, please	to be used for future annual report	notification)
DARRELL JACKSON		at (_863`)	514-9662	
	Name o	of Person	Area Code & Da	sytime Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>₹</b> 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration S Division of Co Clifton Buildir	rporations ng e Center Circle

the property

## ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS OF

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## EAST 2 WEST TRANSPORTATION 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 Lia	ability Company were filed on _	AUGUST 19, 2011	_ and assigned	
Florida document numberL11000096				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :		
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Cor	mpany," the designation "LLC	C" or the abbreviation	
Enter new principal offices address, if applica	ible:			
(Principal office address MUST BE A STREE)	TADDRESS)		<del></del>	
	<del> </del>		<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E				
B. If amending the registered agent and/o registered agent and/or the new registered off		n our records, <u>enter the</u>	name of the new	
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

Title Title <u>Name</u> **Address** Type of Action MGR EDDIE C. KITTRELL 2358 SUTTON ROAD ☐ Add √ Remove LAKELAND, FL 33810 MBR JAMES D. STAPLES 1624 GRAY ROAD FAGLE LAKE, FL 33839. Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00