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SECRETARY OF SIGHE

B. BOSTICK
JUN 13 2013
EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Co						
SUBJECT:		nsport LLC ed Liability Company				
	Amendment and fee(s) are sub					
Please return all correspo	ondence concerning this matter	to the following:				
	Aı	odullah Cheema Name of Person				
		Reyon Transport LLC Firm/Company				
	1443	o NW 11th st				
	Pemb	Address rake Pines FL 33028				
		City/State and Zip Code				
	E-mail address: (t	yanTranspor+@Live.com o be used for future annual report notificati	on)	Σg	201	
For further information of	concerning this matter, please ca		,	SECRETARY OF STATE ALLAHASSEE, FLORID	2013 JUN 12 PM 2:33	T
	nder Cheema	at (954) 600-2980		E Y A	2	፡ - የግ
Name o	of Person	Area Code & Daytime Te	lephone Number	FLORI	± 2: 3	2 mm. 4 1 ms von
Enclosed is a check for t	he following amount:			D.L.	ဃ	
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filion Certificate Certified (additional	e of Status		ed)

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**

Reyan Transo		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on 10/04/a011	and assigned
Florida document numberL11000113576		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	14430 NW 11th st	
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines FL 3302	
		SECRE)
Enter new mailing address, if applicable:		HASS
(Mailing address MAY BE A POST OFFICE BOX)		MÓ P M
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>en</u> <u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida stree	t address
	, Florid	
	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>	Name	Address	Type of Action
MGR	Amir Cheema	14430 NW 11+h st	Add
		Pembroke Pines FL 33028	Remove
			Remove
			Add
			Remove
		SECRUA ALLAHAS	
		SECRLIARY OF SIA E	Remove 7.1
			Add
			Remove
			_
<u></u>			Add
			Remove

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	• .
_	
_	
_	
ited	Bone 10th, 2013
	Signature of a member or authorized representative of a member
	Sikander Cheema
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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