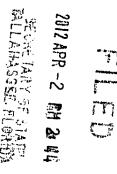
# L11000/27598

(Requestor's Name)				
(Address)				
(Address)				
•				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sasmoss Emily Warney				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A 1210				
A. LUNT				
APR - 3 2011				
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EXAMINER				



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Office Use Only

## **COVER LETTER**

TO:	Registration S Division of Co			e e	ė	
SUBJE	CT:	04 TRANSI	PORTATION, LLC	,		
30131			ted Liability Company		•	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Р	RISCILLA BARBOSA		_	
			Name of Person		T. 3	
		ACCOU	INT BOOKKEEPING CO	ORP	2012 APR	-10
			Firm/Company		PR -2	***************************************
5950 LAKEHURST D		_AKEHURST DR STE 2	R STE 246	2 <b>2</b> 55 55 5	TTI	
			Address		A STATE	ال
ORLANDO, FL 328 1 9					30 5	
			City/State and Zip Code		<del></del>	
		IN	FO@ABKCORP.COM		_	
		E-mail address: (	to be used for future annual report r	notification)	•	
For fur	ther information	concerning this matter, please of	all:			
	PRISC	CILLA BARBOSA	at (_407_)	898-1757		
	Name	of Person	Area Code & Da	ytime Telephone Numb	per	
Enclos	ed is a check for	the following amount:				
<b>□</b> \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclos	sed)

### 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

04 TRANSPOR	RTATION LLC				
(Name of the Limited Liability Compa (A Florida Limited L	<b>ny as it now appears</b> Liability Company)	on our records.			
The Articles of Organization for this Limited Liability Company Florida document numberL11000127598	were filed on	11/09/2011	and assigned		
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	ulity company here	1	TILED 18R-2 B		
A. If amending name, enter the new name of the innited hap	mity company nere	*			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compan	y," the designation "L	Cor the abbreviation		
Enter new principal offices address, if applicable:	8361 NARCO	OSSEE RD STE	2205		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FI	_ 32827 US			
Enternam mailing address if applicables	8361 NARCO	nssee an ste	2205		
Enter new mailing address, if applicable:	8361 NARCOOSSEE RD STE 2205 ORLANDO, FL 32827 US				
(Mailing address MAY BE A POST OFFICE BOX)	ONLINIDO, I	2 02027 00			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e:</u>	er Florida street addr			
	City	, Florida	Zip Code		
	<i>,</i>				

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

1 If Emending 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> **Type of Action** MGRM MAURICIO MASSA 6927 VILLA DE COSTA DR APT 102 ☐ Add ORLANDO, FL 32821 US **R**emove ☐ Add ☐ Remove ☐ Add Remove Add Remove Remove Lu en ₽Add Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
,	
ated	MARCH 28 , 2012.
	* Juniao Gan
	Signature of a member or authorized representative of a member
	MAURICIO MASSA
	Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00