

L11000133343

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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14 NOV -6 AM 10:00

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ONE PURPOSE TRANSPORTATION, LLC

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Division of Corporations

11/5/14 4:51 PM

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November 6, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ONE PURPOSE TRANSPORTATION, LLC
4160 RAVENS WOOD RD
6
DANIA, FL 33312US

SUBJECT: ONE PURPOSE TRANSPORTATION, LLC
REF: L11000133343

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: B14000257952
Letter Number: 014A00023757

RECEIVED
14 NOV -6 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF CONSUMER
INFORMATION SERVICES

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ONE PURPOSE TRANSPORTATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 NOV -6 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/01/2012 and assigned
Florida document number L11000133343.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

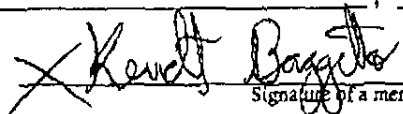
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MOGOLLON, JUAN C	4160 RAVENS WOOD RD STE 6	<input type="checkbox"/> Add
		DANIA, FL 33312	<input checked="" type="checkbox"/> Remove
MGRM	LOELKE, CLAUDIA	5100 SW 135 AVE	<input checked="" type="checkbox"/> Add
		SW RANCHES, FL 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 28, 2014



Signature of a member or authorized representative of a member

KENDT BAGGETTO

Typed or printed name of signer