· L11000 134423

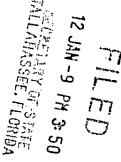
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D. BRUCE

JAN 1 0 2012

EXAMINER

COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT:	HADD T	RANSPORT, LLC ited Liability Company	
·	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sul	hmitted for filing	
,	condence concerning this matter	-	
	ERROL	GORDON Name of Person 7 X BUSINESS SOLUTIONS, INC Firm/Company	
	COMPUTA	7 X BUSINESS SOLUTIONS, INC	
		Comm ERGAL BLVD Address	
	TAMAR A	City/State and Zip Code City/State and Zip Code (to be used for future annual report notification)	
	E-mail address: ((to be used for future annual report notification)	
For further information	concerning this matter, please	call:	
Name	of Person	at (
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

CHADD TRANS	SPORT.	LLC			
(Name of the Limited Liabil (A Florid	ity Company as i a Limited Liabilit	t now appears on y Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L 11 000 134</u>	Company were	filed on	28/20	// and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability c	ompany here:			
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Li	ability Company,"	the designation	"LLC" or the al	obreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADL	DRESS)	,			
•				<u> </u>	die Willeman
	•			TAS E	
Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				. 'e 7 0	$\overline{\mathbf{m}}$
				5 4	
				10 SO	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ddress on our	records, <u>enter</u>	the name of	the new
registered agent and/or the new registered office ad	iuress nere.				
Nama of Naw Panistanad Agants					
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 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>	Address	Type of Action
MGRM	BRITTAN	HENRY 3980 NW 47 ZAUDERDALE LAKES,	AVE Add FL 333/9 W Kemove
			Add Remove
			Add Remove
	····		Add Remove
			Add Remove
			AddRemove
D. If amendin	ng any other information	, enter change(s) here: (Attach additional sheets, if ne	Pecessary.) 12 JAN -9 12 JAN -9 13 JAN -9
			PH 9:50
Dated	1/2/12 Russido	Hene	
-		RDO HENRY Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00